

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060-0804

466

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

1 +	ICP Name Brevig Mission Clinic		2 HCP Number	10073	
F	orm 465 Application #43137988 4 Co	nsortium Name (If any)			-
-	k 2: Bill Payer Information		C Billed Falib	FCC RN 001483	15128
	silled Entity Name Brevig Mission Clinic		6 Billed Entity	FCC RN 001463	55126
	Contact Name Richard B Wideman				
	Address Line 1 4311 Clarence Rd.				
	Address Line 2		11 State AK	12 Zip 9978	35
	City Brevig Mission	ricosal.	T. 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	deman@nshcorp	
	Contact Phone # (907) 443-3272 14 Fa	ax#	15 E-Wall TWIC	de manignancor,	J.019
loc	Funding Year - Check only one box X Year 2013 (7/1/2013-6/30/2014) Ck 4: Service Information	Year 2014 (7/1/2014-6/		Year 2015 (7/1	/2015-6/30/201
7	Type of Service & Circuit Bandwidth (Enclose docum	nentation.) Satellite Serv	rice 2 Mbps	Torm ASE) FO	, i
	Total Billed Miles 0 Percentage of HCP's service used for the provision			rom Form 465) 59 n 100%, please exp	
	Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21	Connection Information Service Provider Name	GCI Communication Corp	Carrier B	Carrier C	Carrier I
		GCI Communication Corp 143001199	Carrier B	Carrier C	Carrier I
22	Service Provider Name	GCI Communication Corp 143001199 Stevs Walker	Carrier B	Carrier C	Carrier I
22	Service Provider Name Service Provider Identification Number (SPIN)	GCI Communication Corp 143001199 Steve Walker (907) 868-6416	Carrier B	Carrier C	Carrier I
22 23 24	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name	GCI Communication Corp 143001199 Stevs Walker (907) 868-6416 swalker@gcl.com	Carrier B	Carrier C	Carrier I
22 23 24 25	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone #	GCI Communication Corp 143001199 Steve Walker (907) 868-8416 swalker@gcl.com 4311 Clarence Rd Brevig Mission, AK 99785	Carrier B	Carrier C	Carrier (
22 23 24 25 26	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email	GCI Communication Corp 143001199 Stevs Walker (907) 868-6416 swalker@gcl.com 4311 Clarence Rd Brevig Mission, AK 99785 1000 Kruschek Ave. Nome, AK 99762	Carrier B	Carrier C	Carrier I
22 23 24 25 26 27	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gcl.com 4311 Clarence Rd. Brevig Mission, AK 99785 1000 Kruschek Ave. Nome, AK 99762 RH000220008	Carrier B	Carrier C	Carrier (
22 23 24 25 26 27 28	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location	GCI Communication Corp 143001199 Stevs Walker (907) 868-6416 swalker@gcl.com 4311 Clarence Rd. Brevig Mission, AK 99785 1000 Kruschek Ave. Nome, AK 99762 RH000220008	Carrier B	Carrier C	Carrier I
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22 23 24 25 26 27 28 29 30	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference numb	GCI Communication Corp 143001199 Stevs Walker (907) 868-6416 swalker@gcl.com 4311 Clarence Rd. Brevig Mission, AK 99785 1000 Kruschek Ave. Nome, AK 99762 RH000220008 BF 09-Aug-2010 09-Aug-2015	Carrier B	Carrier C	Carrier I
22 23 24 25 26 27 28 29 30 31	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference numb	GCI Communication Corp 143001199 Stevs Walker (907) 868-8416 swalker@gcl.com 4311 Clarence Rd. Brevig Mission, AK 99785 1000 Kruschek Ave. Nome, AK 99782 RH000220008 HC-302 O9-Aug-2010 O9-Aug-2010 M) 09-Aug-2015 Z4-Jul-2013	Carrier B	Carrier C	Carrier I
22 23 24 25 26 27 28 29 30 31 32	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference numb Date Contract Signed or Date HCP Selected Carrie Contract Expiration Date (mm/dd/yyyy or NA if MT)	GCI Communication Corp 143001199 Steve Walker (907) 868-8416 swalker@gct.com 4311 Clarence Rd. Brevig Mission, AK 99785 1000 Kruschek Ave. Nome, AK 99762 RH000220008 BF HC-302 91 09-Aug-2010 09-Aug-2015 24-Jul-2013			Carrier (

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CH	IARGES, COMP	LETE BLOCK 5 ONLY A	ND SKIP BLOCK 6. (PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED				
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE	PROCESSED II	BOTH BLOCKS ARE C	OMPLETED.	
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-	-based) charges	only. Do not enter any of	ther charges in this blo	ck. You may need
to ask your service provider representative to provide this information	n			
36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs,	etc.)			-
38 Cost per Mile per Month			14 TO 10 M	
If Line 33 equals Line 37, please ensure that ONLY mileage		es are included in Line 3	7. (See instructions.	
Block 6: Comprehensive Rate Comparison Request Complete Block 6 if you have not completed Block 5 and are request the provision of health care. The information in this block will establis Please call RHCD at 1-800-229-5476 if you need assistance.	ting support for a	all elements of your teleco between the urban and r	ommunications service rural rates for your requ	necessary for uested service.
39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	a			
41 Monthly Urban Rate (in selected large city). From RHCD web site: or Other rate documentation attached:	140.00			
If your circuit includes charges for mileage over the Maximum A	Allowable Dist., (Line 19), please complete	Lines 42 to 44. Other	rwise, skip to Block 7.
42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				
Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request	for Services po	sted on the RHCD website	e? Yes	X No
If you checked yes, copies of the bids MUST be mailed to RHC				
Block 8: Certification				
46 X I certify that the above named entity has considered all trequested service or services. The "most cost-effective lowest cost after consideration of the features, quality of necessary for the service to adequately transmit the heat	service" is defin f transmission, re alth care service	ned in the Universal Service eliability, and other factors is required by the health c	ce Order as the service s that the health care p are provider.	available at the rovider deems
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify requirements herein and will abide by all of the relevant benefits provided under 47 U.S.C. Sec. 254. I understa available for the benefit of the applicant may be subject	requirements, in and that any letter	ncluding all applicable FC	C rules, with respect to	universal service
48 X I hereby certify that the billed entity will maintain comple	ete billing record	s for the service for five ye	ears.	
49 X I certify that I am authorized to submit this request on be form and attachments and that to the best of my knowledge.	ehalf of the abovedge, information	ve-named Billed Entity and n, and belief, all statement	ts of fact contained he	examined this
				Cili die deci
50 Signature Electronically signed		51 Date 14-Nov-20	013	cin are ado.
52 Printed name of authorized person Richard B Wideman		51 Date 14-Nov-20		

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- . This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately
 and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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	ck 1: HCP Information		2 HODAL	hor 40674	
-	HCP Name Elim Clinic		2 HCP Num	Der 10674	
-		ortium Name (If any)		-	-
	ck 2: Bill Payer Information		6 Rilled Enti	ty FCC RN 00148	35128
_	Billed Entity Name Elim Clinic		0 Billed Lift	ty 1 CC 101 00 140	00120
	Contact Name Richard B Wideman				
-	Address Line 1 69 Old Airport Rd.				
-	Address Line 2		11 State Ak	12 Zip 997	30
	City Elim			ideman@nshcor	
12.72	Contact Phone # (907) 443-3272 14 Fax # ck 3: Funding Year Information		15 E-Iviali I W	ideman@nsncor	p.org
16 [Funding Year - Check only one box	Year 2014 (7/1/2014-6/	/30/2015)	Year 2015 (7/1	1/2015-6/30/2016
	Type of Service & Circuit Bandwidth (Enclose document	tation.) Satellite Serv	vice 2 Mbps		
2.00	Total Billed Miles 0			(From Form 465) 46	51
	Percentage of HCP's service used for the provision of he			an 100%, please exp	
	Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21	Connection Information Service Provider Name	Carrier A GCI Communication Cerp	Carrier B	Carrier C	Carrier D
547.00	TEATHT MADE TO SELECT THE SELECT	A STATE OF THE PARTY OF THE PAR	Carrier B	Carrier C	Carrier D
22	Service Provider Name	GCI Communication Gerp	Carrier B	Carrier C	Carrier D
22 23	Service Provider Name Service Provider Identification Number (SPIN)	GCI Communication Corp 143001199 Steve Walker (907) 868-6416	Carrier B	Carrier C	Carrier D
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22 23 24 25 26	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci-com 59 Old Airport Rd Ellin, AK 99739 1000 Greg Kruschek Ave. Nome, AK 99762	Carrier B	Carrier C	Carrier D
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IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CA	HARGES, CO	MPLETE BLOCK 5 O	NLY AND SKIP BL	OCK 6. (PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED				
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE	The second secon	The second secon	ALBERT MEDITE STORY OF THE STOR	
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance	-based) char	ges only. Do not enter	any other charges	in this block. You may need
to ask your service provider representative to provide this information	n			THE DOT TO
36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs,	etc.)			
38 Cost per Mile per Month				
If Line 33 equals Line 37, please ensure that ONLY mileage	-related cha	rges are included in l	ine 37. (See instr	uctions.)
Block 6: Comprehensive Rate Comparison Request				
Complete Block 6 if you have not completed Block 5 and are reques	ting support f	or all elements of your	telecommunications	s service necessary for
the provision of health care. The information in this block will establish Please call RHCD at 1-800-229-5476 if you need assistance.	sh the differe	nce between the urban	and rural rates for	your requested service.
39 One-time Urban Rate Charge (in selected large city)	0	- JUF	- Hyree -	
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD				
web site: or Other rate documentation attached:	140,00	300		
If your circuit includes charges for mileage over the Maximum A	Mowable Dist	(Line 19), please cor	nolete Lines 42 to 4	4. Otherwise skip to Block
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Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request	for Services	posted on the RHCD w	ehsite2	es X No
If you checked yes, copies of the bids MUST be mailed to RHC	D.	ootion off the full IDD w	cosite:i	[X]N0
Block 8: Certification				
I certify that the above named entity has considered all be requested service or services. The "most cost-effective lowest cost after consideration of the features, quality of necessary for the service to adequately transmit the hear	service" is de transmission	fined in the Universal S reliability, and other fa	Service Order as the actors that the health	e service available at the
47 X Pursuant to 47 C.F.R. Secs. 54,601 and 54,603, I certify requirements herein and will abide by all of the relevant of benefits provided under 47 U.S.C. Sec. 254. Lunderstands	that the HCF requirements ad that any le	or consortium that I at	m representing satis	espect to universal service
available for the benefit of the applicant may be subject t				
48 X I hereby certify that the billed entity will maintain complet	e billing reco	ds for the service for fi	ve years.	
49 X I certify that I am authorized to submit this request on be form and attachments and that to the best of my knowled	half of the ab	on, and belief, all state	ments of fact contai	it I have examined this ned herein are true.
50 Signature Electronically signed		51 Date 21-No	v-2013	
52 Printed name of authorized person Richard B Wideman				son TeleHealth Coordin
54 Employer of authorized person Norton Sound Health Corp	oration	55 Employer's F	CC RN 00148351	128

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
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 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
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Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding. Block 1: HCP Information 1 HCP Name Gambell Clinic 2 HCP Number 10675 3 Form 465 Application #43137998 4 Consortium Name (If any) Block 2: Bill Payer Information 5 Billed Entity Name Gambell Clinic 6 Billed Entity FCC RN 0014835128 7 Contact Name Richard B Widman 8 Address Line 1 190 Clinic Rd. 9 Address Line 2 10 City Gambell 11 State AK 12 Zip 99742 13 Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.org Block 3: Funding Year Information 16 Funding Year - Check only one box X Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016) Block 4: Service Information 17 Type of Service & Circuit Bandwidth (Enclose documentation.) Satellite Service 2 Mbps 18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 723 20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Connection Information Carrier A Carrier B Carrier C Carrier D 21 Service Provider Name 143001199 22 Service Provider Identification Number (SPIN) Steve Walker 23 Service Provider Contact Person Name (907) 868-6416 24 Service Provider Contact Person's Phone # swarker@gci.com 25 Service Provider Contact Person Email 190 Clinic Rd. Gambell, AK 99742 26 Circuit Start Location 1000 Greg Kruschek Ave Nome, AK 99762 27 Circuit Termination Location RH000220008 28 Billing Account Number HC-302 29 Tariff, Contract or other document reference number 09-Aug-2010 30 Date Contract Signed or Date HCP Selected Carrier 08-Aug-2015 31 Contract Expiration Date (mm/dd/yyyy or NA if MTM) 17-Jul-2013 32 Service Installation Date 10524.64 33 Actual Rural Rate per Month (Enclose Documentation) 34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. X No Circuit Diagram included: 35 Are you a mobile rural health care provider? Yes X No If yes, see instructions and attach a list of all sites to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CH	HARGES, CON	PLETE BLOCK 5 ONLY	AND SKIP BLOCK 6.	(PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED	ON URBAN/R	URAL RATE COMPARIS	ON, SKIP BLOCK 5 A	ND
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE	PROCESSED	IF BOTH BLOCKS ARE	COMPLETED.	
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39 One-time Urban Rate Charge (in selected large city)	0.00			
40 One-time Rural Rate Charge (in city where HCP is located)	0.00			
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If you checked yes, copies of the bids MUST be mailed to RHC				
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46 X I certify that the above named entity has considered all requested service or services. The "most cost-effective lowest cost after consideration of the features, quality o necessary for the service to adequately transmit the heat	service" is def f transmission, alth care servic	ined in the Universal Servi reliability, and other factor es required by the health of	ce Order as the services that the health care pare provider.	e available at the provider deems
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certif requirements herein and will abide by all of the relevant benefits provided under 47 U.S.C. Sec. 254. I understa available for the benefit of the applicant may be subject	t requirements, and that any let	including all applicable FC	CC rules, with respect t	o universal service
48 X I hereby certify that the billed entity will maintain complete	ete billing recor	ds for the service for five y	ears.	
49 X I certify that I am authorized to submit this request on b form and attachments and that to the best of my knowledge.	ehalf of the abording	on, and belief, all statemen	nts of fact contained he	e examined this erein are true.
50 Signature Electronically signed		51 Date 06-Dec-2		
52 Printed name of authorized person Richard B Wideman				eleHealth Coordin
54 Employer of authorized person Norton Sound Health Co	rporation	55 Employer's FCC	RN 0014835128	

- · You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - . If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- * You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- . This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately
 and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

1	HCP Name Golovin Clinic		2 HCP Num	per 106/6	
3	Form 465 Application #43137991 4 Cons	sortium Name (If any)			
lo	ck 2: Bill Payer Information				
5	Billed Entity Name Golovin Clinic		6 Billed Entit	ty FCC RN 00148	35128
7	Contact Name Richard B Wideman				
8	Address Line 1 39 Punguk St				
9	Address Line 2				
10	City Golovin		11 State AK		
	Contact Phone # (907) 443-3272 14 Fax:	#	15 E-Mail rwi	ideman@nshcor	p.org
6	Funding Year - Check only one box X Year 2013 (7/1/2013-6/30/2014) ck 4: Service Information	Year 2014 (7/1/2014-6/		Year 2015 (7/1	1/2015-6/30/201
7	Type of Service & Circuit Bandwidth (Enclose documer				
_	Total Billed Miles 0			From Form 465) 47	
	Percentage of HCP's service used for the provision of I If the HCP indicated it is a part-time eligible entity (on F			in 100%, please exp	olain.)
	Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21	Connection Information Service Provider Name	Carrier A GCI Communication Corp	Carrier B	Carrier C	Carrier D
	Service Provider Name		Carrier B	Carrier C	Carrier D
22	Service Provider Name Service Provider Identification Number (SPIN)	GCI Communication Corp	Carrier B	Carrier C	Carrier D
22	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name	GCI Communication Corp	Carrier B	Carrier C	Carrier D
22 23 24	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone #	GCI Communication Corp 143001199 Steve Walker	Carrier B	Carrier C	Carrier D
22 23 24 25	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci-com 39 Punguk St	Carrier B	Carrier C	Carrier D
22 23 24 25 26	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci.com 39 Punguk St. Golovin, AK 99762 1000 Grep Kruschek Ave	Carrier B	Carrier C	Garrier D
22 23 24 25 26 27	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci-com 39 Punguk St. Golovin, AK 99762	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci.com 39 Punguk St. Golovin, AK 99762 1000 Greg Kruschek Ave Nome, AK 99762	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci-com 39 Punguk St. Golovin, AK 99762 1000 Greg Kruschek Ave Nome, AK 99762 RHC00220008	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29 30	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gcl.com 39 Punguk St. Golavin, AK 99762 1000 Greg Kruschek Ave Nome, AK 99762 RHC00220008 HG-302	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29 30 31	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM)	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci-com 39 Punguk St. Golovin, AK 99762 1000 Greg Kruschek Ave Nome, AK 99762 RHC00220008 HG-302 09-Aug-2010	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29 30 31 32	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gcl-com 39 Punguk St. Golovin, AK 99762 1000 Greg Kruschek Ave Nome, AK 99762 RHC00220008 HG-302 09-Aug-2010 08-Aug-2015 01-Jul-2013	Carrier B	Carrier C	Carrier D

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CH.	ARGES, COMF	PLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED		
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE		
Block 5: Mileage-based Charge Discount Request		
Complete this block if you are seeking support for mileage (distance-	based) charges	only. Do not enter any other charges in this block. You may need
to ask your service provider representative to provide this information		
36 Billed Circuit Miles		
37 Monthly Mileage Charges (Exclude Channel Termination chgs,	etc.)	
38 Cost per Mile per Month		
If Line 33 equals Line 37, please ensure that ONLY mileage-	related charge	es are included in Line 37. (See instructions.)
Block 6: Comprehensive Rate Comparison Request Complete Block 6 if you have not completed Block 5 and are request the provision of health care. The information in this block will establist Please call RHCD at 1-800-229-5476 if you need assistance.	ing support for h the difference	all elements of your telecommunications service necessary for e between the urban and rural rates for your requested service.
39 One-time Urban Rate Charge (in selected large city)	0.00	
40. One-time Rural Rate Charge (in city where HCP is located)	0	
41 Monthly Urban Rate (in selected large city). From RHCD web site: or Other rate documentation attached:	140.00	
If your circuit includes charges for mileage over the Maximum A	llowable Dist. ((Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.
42 Billed Circuit Miles	1	
43 Monthly Mileage Based Charges		
44 Cost per Mile per Month Block 7: Bid Documentation		
requested service or services. The "most cost-effective	D. olds received an service" is defir transmission, r	nd selected the most cost-effective method of providing the ned in the Universal Service Order as the service available at the eliability, and other factors that the health care provider deems
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify	that the HCP or requirements, in and that any letter	
48 X I hereby certify that the billed entity will maintain comple	te billing record	s for the service for five years.
49 X I certify that I am authorized to submit this request on be form and attachments and that to the best of my knowle	half of the abou	ve-named Billed Entity and HCP, and that I have examined this n, and belief, all statements of fact contained herein are true.
50 Signature Electronically signed		51 Date 06-Dec-2013
52 Printed name of authorized person Richard B Wideman		53 Title or position of authorized person TeleHealth Coordin
54 Employer of authorized person Norton Sound Health Cor	poration	55 Employer's FCC RN 0014835128

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Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

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Stock 3: Funding Year - Check only one box Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2015) Year 2015 (7/1/2015		k 1: HCP Information		2 HCD Numb	per 10677	
Service Sill Payer Information Silled Entity Name Koyuk Clinic Silled Entity Name Silled Entity Nam	_			2 HCP Numb	DEI 10677	
5 Billed Entity Name Koyuk Clinic 6 Billed Entity FCC RN 0014835128. 7 Contact Name Richard B Wideman 8 Address Line 1 70 Poplar St 9 Address Line 2 10 City Koyuk 11 State AK 12 Zip 99753 13 Contact Phone # (907) 443-3272	111	Out to a supplied that the supplied to the sup	ortium Name (If any)			-
7 Conlact Name Richard B Wideman 8 Address Line 1 70 Poplar St 9 Address Line 2 10 City Koyuk 11 State AK 12 Zip 99753 13 Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.org 18 Total Funding Year - Check only one box 18 Year 2013 (7/1/2013-6/30/2014) 19 Year 2014 (7/1/2014-6/30/2015) 10 Year 2015 (7/1/2015-6/3) 10 Year 2015 (7/1/2015-6/3) 10 Year 2014 (7/1/2014-6/30/2015) 10 Year 2015 (7/1/2015-6/3) 10 Year 2014 (7/1/2014-6/30/2015) 11 Year 2015 (7/1/2015-6/3) 11 Type of Service & Circuit Bandwidth (Enclose documentation.) Satellite Service 2 Mbps 18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 442 20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) 16 The HCP Indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. 10 Service Provider Contact Person Name 21 Service Provider Contact Person Name 22 Service Provider Contact Person Name 23 Service Provider Contact Person Name 24 Service Provider Contact Person Email 25 Service Provider Contact Person Email 26 Circuit Start Location 27 Circuit Termination Location 28 Billing Account Number 29 Tariff, Contract or other document reference number 30 Date Contract Signed or Date HCP Selected Carrier	-			6 Billed Entit	v FCC RN 001483	35128
Address Line 1 70 Poplar St Address Line 2 Address Line 2 City Koyuk Contact Phone # (907) 443-3272 A Fax # A Fax	_			o billed Links	y 1 00 111 00 1100	30 123
9 Address Line 2 10 City Koyuk 11 State AK 12 Zip 99753 13 Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.org 16 Funding Year - Check only one box X Year 2013 (71/2013-6/30/2014) Year 2014 (71/2014-6/30/2015) Year 2015 (71/2015-6/3) 18 Cock 4: Service Information 17 Type of Service & Circuit Bandwidth (Enclose documentation.) Satellite Service 2 Mbps 18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 442 20 Percentage of HCP's service used for the provision of health care. 100 (if less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Connection Information Carrier A Carrier B Carrier C Carrier C Carrier B Carrier C Carrie						
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26 Circuit Start Location Koyuk, AK 99753 27 Circuit Termination Location 1000 Greg Kruschek Ave Nome, AK 99762 28 Billing Account Number RHC00220008 29 Tariff, Contract or other document reference number 09-Aug-2010 30 Date Contract Signed or Date HCP Selected Carrier 09-Aug-2010	21 22 23	Connection Information Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name	GCI Communication Corp 143001199 Stave Walker (907) 868-6416	Carrier B	Carrier C	Carrier D
27 Circuit Termination Location Nome, AK 99762 28 Billing Account Number RH000220008 29 Tariff, Contract or other document reference number 30 Date Contract Signed or Date HCP Selected Carrier	21 22 23 24	Connection Information Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone #	GCI Communication Corp 143001199 Stave Walker (907) 868-6416 swalker@gci.com	Carrier B	Carrier C	Carrier D
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32 Service Installation Date 01-Jul-2013	21 22 23 24 25 26 27 28 29 30	Connection Information Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gcl-com 70 Poplar SI Koyuk, AK 99753 1000 Greg Kruschek Ave Norne, AK 99762 RH000220008 HC-302	Carrier B	Carrier C	Carrier D
33 Actual Rural Rate per Month (Enclose Documentation) 10181.00	21 22 23 24 25 26 27 28 29 30 31	Connection Information Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM)	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gcl-com 70 Poplar SI Koyuk, AK 99753 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-302 09-Aug-2010 08-Aug-2015	Carrier B	Carrier C	Carrier D
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes	21 22 23 24 25 26 27 28 29 30 31 32 33	Connection Information Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM) Service Installation Date Actual Rural Rate per Month (Enclose Documentation)	GCI Communication Corp 143001199 Stave Walker (907) 868-6416 swalker@gci.com 70 Popiar Si Koyuk, AK 99753 11000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-302 09-Aug-2010 08-Aug-2015 01-Jul-2013			Carrier D

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CH	ARGES, COM	PLETE BLOCK 5 ONLY	AND SKIP BLOCK 6	, (PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED	ON URBAN/R	URAL RATE COMPARIS	SON, SKIP BLOCK 5	AND
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE	PROCESSED	IF BOTH BLOCKS ARE	COMPLETED.	
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-	-based) charge	s only. Do not enter any	other charges in this l	olock. You may need
to ask your service provider representative to provide this informatio	n			
36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs,	etc.)			
38 Cost per Mile per Month				
If Line 33 equals Line 37, please ensure that ONLY mileage		es are included in Line	37. (See instruction	s.)
Block 6: Comprehensive Rate Comparison Request Complete Block 6 if you have not completed Block 5 and are request the provision of health care. The information in this block will establish the provision of health care. The information in this block will establish the provision of health care.	ting support fo	r all elements of your tele e between the urban and	communications serving drural rates for your re	ce necessary for quested service.
Please call RHCD at 1-800-229-5476 if you need assistance.	0.00			
One-time Urban Rate Charge (in selected large city) One-time Rural Rate Charge (in city where HCP is located)	0			
40 One-time Rural Rate Charge (in city where HCP is located) 41 Monthly Urban Rate (in selected large city). From RHCD web site: or Other rate documentation attached:	140.00			
If your circuit includes charges for mileage over the Maximum /	Allowable Dist.	(Line 19), please comple	ete Lines 42 to 44. Ott	nerwise, skip to Block 7.
42 Billed Circuit Miles	1			DE T
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month Block 7: Bid Documentation		CONTRACTOR OF THE PARTY OF THE		Q - 1
45 Did you receive any bids in response to the Form 465 Request If you checked yes, copies of the bids MUST be mailed to RHC Block 8: Certification	D.			X_No
46 X I certify that the above named entity has considered all requested service or services. The "most cost-effective lowest cost after consideration of the features, quality or necessary for the service to adequately transmit the her	service" is del f transmission, alth care servic	ned in the Universal Ser reliability, and other factor es required by the health	vice Order as the servi ors that the health care care provider.	ce available at the provider deems
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certifind requirements herein and will abide by all of the relevant benefits provided under 47 U.S.C. Sec. 254. I understate available for the benefit of the applicant may be subject	requirements, and that any let	including all applicable F	CC rules, with respect	to universal service
48 X I hereby certify that the billed entity will maintain complete	ete billing recor	ds for the service for five	years.	
49 X I certify that I am authorized to submit this request on b form and attachments and that to the best of my knowledge.	ehalf of the ab	on, and belief, all stateme	ents of fact contained h	ve examined this nerein are true.
50 Signature Electronically signed		51 Date 06-Dec-	2013	
52 Printed name of authorized person Richard B Wideman		53 Title or position	of authorized person.	TeleHealth Coordinate
54 Employer of authorized person Norton Sound Health Co	rporation	55 Employer's FCC	ON 0014835128	

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
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- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
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- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
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FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB

3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Blo	ck 1: HCP Information						
1	HCP Name St Michael Clinic	···.		2	HCP Number	10678	
	Form 465 Application #43137996	4 Cons	ortium Name (If any)				
	ck 2: Bill Payer Information					00 511 504 404	
5	Billed Entity Name St. Michael Clinic			6	Billed Entity F	CC RN 001483	35128
7	Contact Name Richard B Wideman						
8	Address Line 1 94 Bald St						
9	Address Line 2					1	
10	City St Michael	·····-	· · · · · · · · · · · · · · · · · · ·		1 State AK	12 Zip 9965	
	Contact Phone # (907) 443-3272	14 Fax #		1	5 E-Mail rwider	man@nshcorp	o.org
	ck 3: Funding Year Information						
l .	Funding Year - Check only one box Year 2013 (7/1/2013-6/30/2014)	r	Year 2014 (7/1/2014-6/	/30/20	115)	TYear 2015 (7/1	/2015-6/30/2016)
	ck 4: Service Information	<u> </u>	1 1 8 al 2014 (17 11 2014-01	00/20	7107	110012010(171	72010 0/00/2010
	Type of Service & Circuit Bandwidth (Enclos	e documen	itation.) Satellite Serv	/ice 2	2 Mbps		
	Total Billed Miles O		19 Maximum All			n Form 465) 42	6
	Percentage of HCP's service used for the pr	ovision of h	nealth care. 10	00	(If less than 16	00%, please expl	ain.)
20	If the HCP indicated it is a part-time eligible			nod of	 `		ŕ
		, ,	,		•		
							<u> </u>
							11-11-1,-1,14
						·	
	Connection Information		Carrier A	C	arrier B	Carrier C	Carrier D
21	Service Provider Name	4 74 4 1,2 11 2 1	GCI Communication Corp				
22	Service Provider Identification Number (SPII	V)	143901199				
23	Service Provider Contact Person Name		Steve Walker				
24	Service Provider Contact Person's Phone #		(907) 868-6416				
25	Service Provider Contact Person Email		swalker@gcl.com				
26	Circuit Start Location		94 Bald St St Michael, AK 99659				
27	Circuit Termination Location		1000 Greg Kruschek Ave Nome, AK 99762				
28	Billing Account Number		RH006220008				
29	Tariff, Contract or other document reference	number	HC-302				
30			. 09-Aug-2010			··	
31		(if MTM)	C8-Aug-2015				
32		· · · · · · · · · · · · · · · · · · ·	26-Jun-2013			*****	
├ ──	Actual Rural Rate per Month (Enclose Docu	mentation)	10181.00				
	If you are a consortium member OR have m	ultiple carri				ow the sites	
	interconnect and which carrier(s) provides e				am included:	Yes	X No
35	Are you a mobile rural health care provider?		Yes X No If yes, s	see in	structions and at	tach a list of all s	ites to be served.

		······		
IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHA	ARGES, COMPL	ETE BLOCK 5 ONLY AN	D SKIP BLOCK 6. (F	LEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED O	ON URBAN/RUF	RAL RATE COMPARISON	I, SKIP BLOCK 5 AN	D
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE P	ROCESSED IF	BOTH BLOCKS ARE CO	MPLETED.	
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-t		only. Do not enter any oth	er charges in this blo	ck. You may need
to ask your service provider representative to provide this information				
36 Billed Circuit Miles				· · · · · ·
37 Monthly Mileage Charges (Exclude Channel Termination chgs, e	tc.)			
38 Cost per Mile per Month				
If Line 33 equals Line 37, please ensure that ONLY mileage-	elated charges	are included in Line 37.	(See instructions.)	
Block 6: Comprehensive Rate Comparison Request Complete Block 6 if you have not completed Block 5 and are requesting	ng support for al	elements of your telecom	munications service	necessary for
the provision of health care. The information in this block will establish	the difference b	netween the urban and rur	al rates for your requi	ested service.
Please call RHCD at 1-800-229-5476 if you need assistance.	48.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD	140.00			
web site: or Other rate documentation altached:	140.00			
If your circuit includes charges for mileage over the Maximum Al	owable Dist., (L	ine 19), please complete L	ines 42 to 44. Other	wise, skip to Block 7.
42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				
Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request for	or Services post	ed on the RHCD website?	Yes	X No
If you checked yes, copies of the bids MUST be mailed to RHCD	J			
Block 8: Certification				
46 X I certify that the above named entity has considered all big	ds received and	selected the most cost-eff	ective method of prov	riding the
requested service or services. The "most cost-effective s				
lowest cost after consideration of the features, quality of to	ransmission, reli	ability, and other factors to	nat the health care pri	ovider deems
necessary for the service to adequately transmit the healt				
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify t	hat the HCP or	consortium that I am repre	senting satisfies all o	the
requirements herein and will abide by all of the relevant re				
benefits provided under 47 U.S.C. Sec. 254. I understand	•	irom RHCD that erroneous	siy states mat lunus v	nii be made
available for the benefit of the applicant may be subject to				
48 X I hereby certify that the billed entity will maintain complete	billing records t	for the service for five year	·s.	
49 X I certify that I am authorized to submit this request on beh	alf of the above	-named Billed Entity and H	ICP, and that I have o	examined this
form and attachments and that to the best of my knowled	ge, information,	and belief, all statements	of fact contained here	in are true.
50 Signature Electronically signed		⁵¹ Date 06-Dec-201		
52 Printed name of authorized person Richard B Wideman			uthorized person Tel	eHealth Coordina
54 Employer of authorized person Norton Sound Health Corp	oration	55 Employer's FCC RN	0014835128	

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Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

466 Funding Request and (
The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

lock	CP Name Savoonga Clinic		2 HCP Numb	er 10679	
lock Bi	orm 465 Application # 43137997 4 Consc	ortium Name (If any)	E HOT Mullio	70079	
5 Bi	orm 465 Application # 43137997 4 Consc k 2: Bill Payer Information	orden Name (If any)	The second		Sec. Disc.
_	illed Entity Name Savoonga Clinic		6 Billed Entity	y FCC RN 001483	35128
	Contact Name Richard B Wideman				
B A	ddress Line 1 3 Airport Way				
	Address Line 2				
	City Savoonga		11 State AK	12 Zip 9976	69
	Contact Phone # (907) 443-3272 14 Fax #		15 E-Mail rwi	deman@nshcorp	p.org
loc	k 3: Funding Year Information				
	unding Year - Check only one box	V 2014 (7/1/2014 6/	20/2045)	Vear 2015 /7/1	/2015-6/30/2016
X	Year 2013 (7/1/2013-6/30/2014)	Year 2014 (7/1/2014-6/	30/2013)		72015-0/30/2010
1000	Type of Service & Circuit Bandwidth (Enclose document	tation.) Satellite Serv	rice 2 Mbps		
	Total Billed Miles 0			From Form 465) 68	34
	Percentage of HCP's service used for the provision of h			n 100%, please exp	0. 10-10
-					
-	Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
- 21 S	Connection Information Service Provider Name	Carrier A GCI Communication Corp	Carrier B	Carrier C	Carrier D
	Service Provider Name		Carrier B	Carrier C	Carrier D
22 S		GCI Communication Corp	Carrier B	Carrier C	Carrier D
22 S 23 S	Service Provider Name Service Provider Identification Number (SPIN)	GCI Communication Corp	Carrier B	Carrier C	Carrier D
22 S 23 S 24 S	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name	GCI Communication Corp 143001199 Steve Walker	Carrier B	Carrier C	Carrier D
22 S 23 S 24 S 25 S	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone #	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci.com 3 Airport Way Sayoonga, AK 99769	Carrier B	Carrier C	Carrier D
22 S 23 S 24 S 25 S 26 C	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci.com 3 Airport Way Savoonga, AK 99769 1000 Greg Kruschek Ave Nome, AK 99762	Carrier B	Carrier C	Carrier D
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222 S 223 S 224 S 225 S 226 C 227 C 228 E 229 T 330 C	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci.com 3 Airport Way Savoonga, AK 99769 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-302 D9-Aug-2010 D8-Aug-2015 01-Jul-2013	Carrier B	Carrier C	Carrier D
222 S 223 S 224 S 225 S 226 C 227 C 228 E 229 T 330 C 331 C 332 S	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM)	GCI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci.com 3 Airport Way savoonga, AK 99769 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-502 D9-Aug-2010 D8-Aug-2015 01-Jul-2013			Carrier D

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CH	ARGES, CO	MPLETE BLOCK 5	ONLY AND SKIP	BLOCK 6. (PLEA	SE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED	ON URBAN	RURAL RATE COM	IPARISON, SKIP B	LOCK 5 AND	
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36 Billed Circuit Miles					
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If Line 33 equals Line 37, please ensure that ONLY mileage	-related cha	rges are included i	n Line 37. (See in	structions.)	
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39 One-time Urban Rate Charge (in selected large city)	0				
40 One-time Rural Rate Charge (in city where HCP is located)	0				
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42 Billed Circuit Miles					
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47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify requirements herein and will abide by all of the relevant benefits provided under 47 U.S.C. Sec. 254. I understa available for the benefit of the applicant may be subject	requirements nd that any le	s, including all applic etter from RHCD that	able FCC rules, wit	h respect to univ	ersal service
48 X I hereby certify that the billed entity will maintain comple	te billing reco	ords for the service f	or five years.		
49 X I certify that I am authorized to submit this request on be form and attachments and that to the best of my knowle	ehalf of the al	tion, and belief, all st	tatements of fact co	that I have exan	nined this re true.
50 Signature Electronically signed		51 Date 06-	Dec-2013		
52 Printed name of authorized person Richard B Wideman		53 Title or po	sition of authorized	person TeleHe	ealth Coordin
54 Employer of authorized person Norton Sound Health Co.	poration	55 Employer	's FCC RN 00148	35128	

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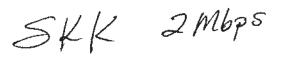
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.



Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response; 3 hours

	ck 1: HCP Information HCP Name Shaktoolik Clinic				2	HCP Number	10680	
	Form 465 Application # 43137992 4	Cone	ortium Name (If any)		-	HOL MUNDOL	10000	
	ck 2: Bill Payer Information	OUTS	orden Neme (it any)					
	Billed Entity Name Shaktoolik Clinic				6	Billed Entity FO	CC RN 00148	35128
	Contact Name Richard B Wideman							
8	Address Line 1 9 Ocean Velw Rd					· · · · · · · · · · · · · · · · · · ·		
9	Address Line 2							
10	City Shaktoolik				11	State AK	12 Zip 997	71
13	Contact Phone # (907) 443-3272 14	Fax #	!		15	E-Mail rwider	nan@nshcor	p.org
	ck 3: Funding Year Information							
16	Funding Year - Check only one box	····	None 2014 /2/4/2014	6/20/	ኃስላ፤	s\	Voor 2015 (7)	1/2015-6/30/2016)
Bio	X Year 2013 (7/1/2013-6/30/2014)	L	Year 2014 (7/1/2014	-01301	201	·) <u> </u>	3 real 2015 (11	172013-0/30/2010)
17	Type of Service & Circuit Bandwidth (Enclose do	cumen	tation.) Satellite Se	rvice	2 [Mbps		
18	Total Billed Miles O						n Form 465) 42	<u></u> 24
20	Percentage of HCP's service used for the provisi	on of h	ealth care.	100		(If less than 10	0%, please exp	olain.)
	If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.							
ŀ								
		<u> </u>						
						· · · · · ·		
	Connection Information		Carrier A		Can	rier B	Carrier C	Carrier D
21	Service Provider Name		GCI Communication Corp					·
22	Service Provider Identification Number (SPIN)		143001199					
23	Service Provider Contact Person Name		Steve Walker					
24	Service Provider Contact Person's Phone #		(907) 868-6416					
25	Service Provider Contact Person Email		swalker@gd.com					
26	Circuit Start Location		9 Ocean Verw Rd Shaktoolik, AK 99771					
27	Circuit Termination Location		1090 Greg Kruschek Ave Nome, AK 99762					
28	Billing Account Number		RHG00220008					
29	Tariff, Contract or other document reference num	nber	HC-302					
30	Date Contract Signed or Date HCP Selected Ca	rrier	09-Aug-2010					
31	Contract Expiration Date (mm/dd/yyyy or NA if N	ITM)	03-Aug-2015					
32	Service Installation Date		01-มีเม-2013	<u></u>				
3 3	Actual Rural Rate per Month (Enclose Documen	tation)	10181 00	<u> </u>				
34	If you are a consortium member OR have multip	le carri	ers, please attach a C	Circuit	Diag	gram to show h	ow the sites	√ N·~
	interconnect and which carrier(s) provides each	circuit s	segment. Circu	iit Dia	grar	n included:	Yes	X No
35	Are you a mobile rural health care provider?		Yes X No If yes	s, see	inst	ructions and at	ach a list of all	sites to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE							
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND							
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE F	ROCESSED IF	BOTH BLOCKS ARE CO	MPLETED.				
Block 5: Mileage-based Charge Discount Request							
Complete this block if you are seeking support for mileage (distance-t		only. Do not enter any oth	er charges in this blo	ck. You may need			
to ask your service provider representative to provide this information							
36 Billed Circuit Miles	L						
37 Monthly Mileage Charges (Exclude Channel Termination chgs, e	etc.)						
38 Cost per Mile per Month							
If Line 33 equals Line 37, please ensure that ONLY mileage-	related charges	are included in Line 37.	(See instructions.)				
Block 6: Comprehensive Rate Comparison Request							
Complete Block 6 if you have not completed Block 5 and are requesti the provision of health care. The information in this block will establish	ng support for al	l elements of your telecom	imunications service	necessary for			
The provision of hearin care. The information in this block will establish Please call RHCD at 1-800-229-5476 if you need assistance.	t the unierence i	between the ningh and for	arrates for your requ	ested service.			
39 One-time Urban Rate Charge (in selected large city)	Đ						
The state of the s	ō	· · · · · · · · · · · · · · · · · · ·					
40 One-time Rural Rate Charge (in city where HCP is located)		·····		1.1			
41 Monthly Urban Rate (in selected large city). From RHCD web site: or Other rate documentation attached:	140 00						
If your circuit includes charges for mileage over the Maximum Al	lowable Dist., (L	ine 19), please complete L	ines 42 to 44. Other	wise, skip to Block 7.			
42 Billed Circuit Miles							
43 Monthly Mileage Based Charges							
44 Cost per Mile per Month							
Block 7: Bid Documentation	L						
45 Did you receive any bids in response to the Form 465 Request for	or Services post	ed on the RHCD website?	Yes	X No			
If you checked yes, copies of the bids MUST be mailed to RHCD							
Block 8: Certification							
46 X I certify that the above named entity has considered all bi	ds received and	selected the most cost-eff	ective method of pro	viding the			
requested service or services. The "most cost-effective s	ervice" is define	d in the Universal Service	Order as the service	available at the			
lowest cost after consideration of the features, quality of t	ransmission, reli	ability, and other factors th	nat the health care pr	ovider deems			
necessary for the service to adequately transmit the healt	h care services	required by the health care	e provider.				
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify	that the HCP or	consortium that I am repre	senting satisfies all o	f the			
requirements herein and will abide by all of the relevant re	equirements, inc	luding all applicable FCC r	rules, with respect to	universal service			
benefits provided under 47 U.S.C. Sec. 254. Lunderstand	d that any letter	from RHCD that erroneous	sly states that funds v	vill be made			
available for the benefit of the applicant may be subject to	rescission.						
48 X I hereby certify that the billed entity will maintain complete	e billing records t	for the service for five year	s.				
49 X I certify that I am authorized to submit this request on beh	alf of the above	named Rilled Entity and H	ICP and that I have a	examined this			
form and attachments and that to the best of my knowled	ge, information,	and belief, all statements of	of fact contained here	ein are true.			
50 Signature Electronically signed		51 Date 06-Dec-201	3				
52 Printed name of authorized person Richard B Wideman		53 Title or position of au	ithorized person Tel	eHealth Coordina			
54 Employer of authorized person Norton Sound Health Corp	oration	55 Employer's FCC RN	0014835128				

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately
 and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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466

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Form 465 Application #43137999 4 Consortium Name (Ifany)	m 465 Application # 43137999 4 Con 2: Bill Payer Information ed Entity Name Shishmaref Clinc	The second secon	1 1000000000000000000000000000000000000	er 10681			
Contact Name Richard B Wideman	2: Bill Payer Information ad Entity Name Shishmaref Clinc	Solution I want to fire and I					
Silled Entity Name Shishmaref Clinc 6 Billed Entity FCC RN 0014835** Contact Name Richard B Wideman 3 Address Line 1 133 Lagoon View	ed Entity Name Shishmaref Clinc		A DE				
Contact Name Richard B Wideman Address Line 1 133 Lagoon View Address Line 2 City Shishmaref Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.olock3: Funding Year Information Funding Year - Check only one box X Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2016-6/30/2015) Vear 2015 (7/1/2016-6/30/2015) Vear 2015 (7/1/2016-6/30/2015) Vear 2015 (7/1/2016-6/30/2015) Object 4: Service Information Type of Service & Circuit Bandwidth (Enclose documentation.) Satellite Service 2 Mbps Total Billied Miles 0 19 Maximum Allowable Distance (From Form 465) 610 Object 4: Service Provider distribution of health care. 100 (If less than 100%, please explain If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Connection Information Carrier A Carrier B Carrier C Connection Information (Carrier A Carrier B Carrier C) Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person Name			6 Billed Entity	FCC RN 001483	5128		
Address Line 2 O City Shishmaref Contact Phone # (907) 443-3272 It Fax # It E-Mail rwideman@nshcorp.olock 3: Funding Year Information Funding Year - Check only one box X Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015) Year 2014 (7/1/2014-6/30/2015) Year 2014 (7/1/2014-6/30/2015) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015) Year 2014 (7/1/2014-6/30/2015) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015) Year 2015 (7/1/2015) Year 2015 (7/1/201	itact Name Richard B Wideman						
O City Shishmaref Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Indicated Indicated	Iress Line 1 133 Lagoon View						
Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Contact Phone # (907) 443-3272 14 Fax # 15 E-Mail rwideman@nshcorp.og Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2014-6/30/2015) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2014-6/30/2015)							
Slock 3: Funding Year - Check only one box	Shishmaref		11 State AK	12 Zip 9977	2		
Funding Year - Check only one box	ntact Phone # (907) 443-3272 14 Fax	#	15 E-Mail rwic	deman@nshcorp	.org		
Stevice Provider Information Informa	3: Funding Year Information						
Stevice Provider Information Informa		TV 2014 (7/4)2014 6/	20/2045) [Vear 2015 (7/1	/2015_6/30/2016		
17 Type of Service & Circuit Bandwidth (Enclose documentation.) Satellite Service 2 Mbps 18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 610 20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Connection Information Carrier A Carrier B Carrier C 21 Service Provider Name 22 Service Provider Identification Number (SPIN) Steve Weiker Steve Weiker		Year 2014 (7172014-67	30/2013)	1681 2015 (1111	2010 0100/2010		
18 Total Billed Miles 0 Percentage of HCP's service used for the provision of health care. If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Connection Information Carrier A Carrier B Carrier C Service Provider Name Service Provider Identification Number (SPIN) Steve Welker Steve Welker		entation.) Satellite Serv	ice 2 Mbps				
Percentage of HCP's service used for the provision of health care. If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Connection Information Carrier A Carrier B Carrier C Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name				rom Form 465) 61	0		
If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Connection Information Carrier A Carrier B Carrier C	The state of the s						
Connection Information Carrier A Carrier B Carrier C Provider Name Carrier B Carrier C Communication Corp Carrier B Carrier C Carrier C Carrier B Carrier C Carrier B Carrier C Carrier B Carrier C Carrier B Carrier C Carrier B Carrier C Carrier C Carrier B Carrier C Carrier C Carrier C Carrier C Carrier B Carrier C Carrier	ie HCP indicated it is a part-time eligible entity (on	iod of allocating pro	nated support.				
21 Service Provider Name 22 Service Provider Identification Number (SPIN) 23 Service Provider Contact Person Name GCI Communication Corp. 143001199 Steve Welker							
21 Service Provider Name 22 Service Provider Identification Number (SPIN) 23 Service Provider Contact Person Name Steve Welker	Connection Information	The second secon	Carrier B	Carrier C	Carrier D		
22 Service Provider Identification Number (SPIN) 23 Service Provider Contact Person Name Steve Welker	rvice Provider Name	19951311311311					
23 Service Provider Contact Person Name	rvice Provider Identification Number (SPIN)	17 84882460466					
(907) 868-6416	rvice Provider Contact Person Name						
24 Service Provider Contact Person's Phone #	rvice Provider Contact Person's Phone #	(907) 868-6416					
25 Service Provider Contact Person Email swalker@gdi.com	rvice Provider Contact Person Email						
26 Circuit Start Location Shistmaret, AK 99772	cuit Start Location	Shishmaref, AK 99772					
27 Circuit Termination Location 1000 Greg Kruschek Ave Nome, AK 99762	cult Termination Location	Nome, AK 99762					
28 Billing Account Number RH000220008	ing Account Number	RH000220008					
29 Tariff, Contract or other document reference number	2007.0	HC-302					
30 Date Contract Signed or Date HCP Selected Carrier 09-Aug-2010		09-Aug-2010					
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM) 08-Aug-2015	te Contract Signed or Date HCP Selected Carrier	08-Aug-2015					
04 191 404 1							
32 Service Installation Date	entract Expiration Date (mm/dd/yyyy or NA if MTM)	01-Jul-2013					
32 Service Installation Date 33 Actual Rural Rate per Month (Enclose Documentation) 10181.00	ontract Expiration Date (mm/dd/yyyy or NA if MTM) ervice Installation Date	01-Jul-2013					

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHA	ARGES, COM	PLETE BLOCK 5 ONLY AND SK	(IP BLOCK 6. (PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED (ON URBAN/R	URAL RATE COMPARISON, SK	IP BLOCK 5 AND
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE F			
Block 5: Mileage-based Charge Discount Request			
Complete this block if you are seeking support for mileage (distance-	based) charge	es only. Do not enter any other ch	arges in this block. You may need
to ask your service provider representative to provide this information			
36 Billed Circuit Miles			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, 6	elc.)		
38 Cost per Mile per Month			
If Line 33 equals Line 37, please ensure that ONLY mileage-	related char	ges are included in Line 37. (Se	e instructions.)
Block 6: Comprehensive Rate Comparison Request Complete Block 6 if you have not completed Block 5 and are request the provision of health care. The information in this block will establis Please call RHCD at 1-800-229-5476 if you need assistance.	ing support fo h the differen	r all elements of your telecommun ce between the urban and rural rai	ications service necessary for les for your requested service.
39 One-time Urban Rate Charge (in selected large city)	0		
40 One-time Rural Rate Charge (in city where HCP is located)	D .		
41 Monthly Urban Rate (in selected large city). From RHCD web site: or Other rate documentation attached:	140.00		
If your circuit includes charges for mileage over the Maximum A	llowable Dist.	(Line 19), please complete Lines	42 to 44. Otherwise, skip to Block 7.
42 Billed Circuit Miles			
43 Monthly Mileage Based Charges			
44 Cost per Mile per Month			
Block 7: Bid Documentation 45 Did you receive any bids in response to the Form 465 Request	for Services p	oosted on the RHCD website?	Yes X No
If you checked yes, copies of the bids MUST be mailed to RHC	D.		
Block 8: Certification	alda rapoliyad	and selected the most cost-effective	e method of providing the
46 X I certify that the above named entity has considered all to requested service or services. The "most cost-effective lowest cost after consideration of the features, quality of necessary for the service to adequately transmit the heat	service" is de transmission alth care servi	fined in the Universal Service Order reliability, and other factors that the ces required by the health care pro-	er as the service available at the he health care provider deems ovider.
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify requirements herein and will abide by all of the relevant benefits provided under 47 U.S.C. Sec. 254. I understal available for the benefit of the applicant may be subject	requirements nd that any le	, including all applicable FCC rules tter from RHCD that erroneously s	s, with respect to universal service
48 X I hereby certify that the billed entity will maintain comple	te billing reco	rds for the service for five years.	
49 X I certify that I am authorized to submit this request on be form and attachments and that to the best of my knowledge.	ehalf of the ab	ion, and belief, all statements of fa	and that I have examined this ct contained herein are true.
50 Signature Electronically signed		⁵¹ Date 06-Dec-2013	
52 Printed name of authorized person Richard B Wideman		53 Title or position of autho	rized person TeleHealth Coordin
54 Employer of authorized person Norton Sound Health Con	rporation	55 Employer's FCC RN 00	14835128

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Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB

3060--0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Blo	ck 1: HCP Information						
1	HCP Name Stebbins Clinic			2	HCP Number	10682	
	Form 465 Application # 43138000	4 Cons	ortium Name (If any)				
	ck 2: Bill Payer Information						
	Billed Entity Name Stebbins Clinic			6	Billed Entity FC	C RN 00148	335128
7	Contact Name Richard B Wideman						
8	Address Line 1 50 Carabou St						
9	Address Line 2	······		····			
10	City Stebbins			<u> </u>	State AK	12 Zip 996	
	Contact Phone # (907) 443-3272	14 Fax #	#	15	E-Mail rwiden	nan@nshcor	rp.org
	ck 3: Funding Year Information		· · · · ·				
16	Funding Year - Check only one box X Year 2013 (7/1/2013-6/30/2014)	F]Year 2014 (7/1/2014-6/30	/201	5)]]Year 2015 <i>(7)</i>	1/2015-6/30/2016)
Blo	ck 4: Service Information	<u> </u>	110012017 (11112017 0100	1201	·	Treat Lette (Tr	THEO TO GIRDONES TO
	Type of Service & Circuit Bandwidth (Enclose	e documen	ntation.) Satellite Servic	e 2	Mbps		
18	Total Billed Miles 0	·	19 Maximum Allov	vable	Distance (Fron	Form 465) 43	34
20	20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.)						
	If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.						
		<u> </u>					
							-
	Connection Information		Carrier A	Car	rier B	Carrier C	Carrier D
21	Service Provider Name		GCI Communication Corp				
22	Service Provider Identification Number (SPIN	V)	143001199				
23	Service Provider Contact Person Name		Steve Walker				
24	Service Provider Contact Person's Phone #		(907) 868-6416				
25	Service Provider Contact Person Email		swalker@gci com				
26	Circuit Start Location		50 Carabou St Stebbins, AK 99671				
27	Circuit Termination Location		1000 Grèg Kruschek Ave Nome, AK 99762				
28	Billing Account Number		RH\$00220008				
29	Tariff, Contract or other document reference	number	HC-302				
30	Date Contract Signed or Date HCP Selected	Carrler	09-Aug-2010				
31	Contract Expiration Date (mm/dd/yyyy or NA	if MTM)	08-Aug-2015				
32	Service Installation Date		25-Jul-2013				
	Actual Rural Rate per Month (Enclose Docum		10181 09				
34	If you are a consortium member OR have minterconnect and which carrier(s) provides ea	ultiple carri ach circuit	iers, please attach a Circuit segment. Circuit Dia	t Diag agrar	gram to show ho n included:	w the sites Yes	X No
35	Are you a mobile rural health care provider?		Yes X No If yes, see	e inst	ructions and att	ach a list of all	sites to be served.

IE VOLLAGE DEQUESTING SUPPORT FOR MILEAGE BASED CHARGES COM	DETERLOOK SOMEVAND SKIP BLOCK S (DEEASE SEE						
IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE							
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND							
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED I	F BOTH BLOCKS ARE COMPLETED.						
Block 5: Mileage-based Charge Discount Request							
Complete this block if you are seeking support for mileage (distance-based) charges to ask your service provider representative to provide this information	only. Do not enter any other charges in this block. You may need						
36 Billed Circuit Miles							
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)							
38 Cost per Mile per Month							
<u> </u>	se are included in Line 37 (See instructions)						
If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.) Block 6: Comprehensive Rate Comparison Request							
Complete Block 6 if you have not completed Block 5 and are requesting support for	all elements of your telecommunications service necessary for						
the provision of health care. The information in this block will establish the difference	between the urban and rural rates for your requested service.						
Please call RHCD at 1-800-229-5476 if you need assistance.							
39 One-time Urban Rate Charge (in selected large city)							
40 One-time Rural Rate Charge (in city where HCP is located)							
41 Monthly Urban Rate (in selected large city). From RHCD							
web site: or Other rate documentation attached:							
If your circuit includes charges for mileage over the Maximum Allowable Dist.,	Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.						
42 Billed Circuit Miles							
43 Monthly Mileage Based Charges							
44 Cost per Mile per Month							
Block 7: Bid Documentation							
45 Did you receive any bids in response to the Form 465 Request for Services po	sted on the RHCD website? Yes X No						
If you checked yes, copies of the bids MUST be mailed to RHCD.							
Block 8: Certification	de la laction de la constant de la c						
46 X I certify that the above named entity has considered all bids received ar requested service or services. The "most cost-effective service" is defined as the cost-effective service.							
lowest cost after consideration of the features, quality of transmission, r							
necessary for the service to adequately transmit the health care service							
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP crequirements herein and will abide by all of the relevant requirements, in	obtaing all applicable ECC gales, with respect to universal service						
benefits provided under 47 U.S.C. Sec. 254. I understand that any letter	r from RHCD that erroneously states that funds will be made						
available for the benefit of the applicant may be subject to rescission.	,						
48 X I hereby certify that the billed entity will maintain complete billing record	for the service for five years.						
49 X certify that I am authorized to submit this request on behalf of the above	e-named Billed Entity and HCP, and that I have examined this						
form and attachments and that to the best of my knowledge, information	, and belief, all statements of fact contained herein are true.						
50 Signature Electronically signed	^{51 Date} 06-Dec-2013						
52 Printed name of authorized person Richard B Wideman	53 Title or position of authorized person TeleHealth Coordina						
54 Employer of authorized person Norton Sound Health Corporation	55 Employer's FCC RN 0014835128						
ł							

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - . If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- . You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately
 and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

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FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.



Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Bio	ock 1: HCP Information						
1	HCP Name Teller Clinic			2	HCP Number	10683	
3	Form 465 Application #43138003	4 Cons	ortium Name (If any)				
Blo	ock 2: Bill Payer Information		and the second				
5	Billed Entity Name Teller Clinic			6	Billed Entity Fo	CC RN 001483	35128
7	Contact Name Richard B Wideman						
8	Address Line 1 545 Airport Ave					<u> </u>	
9	Address Line 2						
10	City Teller	<u> </u>		11	State AK	12 Zip 9977	'8
	Contact Phone # (907) 443-3272	14 Fax #	¥	15	5 E-Mail rwider	nan@nshcorp	o.org
	ock 3: Funding Year Information						
16	Funding Year - Check only one box Year 2013 (7/1/2013-6/30/2014)]Year 2014 (7/1/2014-6/	חפוחפו	15)	TV005 2045 /7/4	/2015-6/30/2016)
Bir	ock 4: Service Information		1 Edi 2014 (11 112014-01	30/20	10) [] real 2019 (111)	12013-0/30/2010)
	Type of Service & Circuit Bandwidth (Enclose	e documen	tation.) Satellite Serv	rice 2	Mhos		
	Total Billed Miles ()		19 Maximum All			n Form 465) 58!	9
	Percentage of HCP's service used for the pro	ovision of h		00			
	20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.						
		, , , , , , , , , , , , , , , , , , , ,	,,			• •	

			 		····		
		······································					
	Connection Information		Carrier A	Ca	rrier B	Carrier C	Carrier D
21	Service Provider Name		GCI Communication Corp	AP 124.5.72			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
22	Service Provider Identification Number (SPIN	l)	1430D1199				
	Service Provider Contact Person Name		Sleve Walker				
24	Service Provider Contact Person's Phone #		(907) 868-6416				
25	Service Provider Contact Person Email		swalker@gci.com				
	Circuit Start Location		545 Airport Ave Teller, AK 99778				
27	Circuit Termination Location		1000 Greg Kruschek Ave Name, AK 99762				
28	Billing Account Number		RH000220098				
-	Tariff, Contract or other document reference	number	HC-302				
30			09-Aug-2010				
31	Contract Expiration Date (mm/dd/yyyy or NA		08-Aug-2015				
32			24-55-2013				
	Actual Rural Rate per Month (Enclose Docur	nentation)	10181.00				
	If you are a consortium member OR have mu		ers, please attach a Circ	uit Dia	agram to show he	ow the sites	
	interconnect and which carrier(s) provides ea	ich circuit	segment. Circuit [Diagra	im included:	Yes	X No
35	Are you a mobile rural health care provider?		Yes X No #fyes, s	see ins	structions and att	ach a list of all si	tes to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE							
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND							
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.							
Block 5: Mileage-based Charge Discount Request							
Complete this block if you are seeking support for mileage (distance-l		only. Do not enter any oth	er charges in this blo	ck. You may need			
to ask your service provider representative to provide this information							
36 Billed Circuit Miles							
37 Monthly Mileage Charges (Exclude Channel Termination chgs, e	etc.)						
38 Cost per Mile per Month							
If Line 33 equals Line 37, please ensure that ONLY mileage-	related charges	are included in Line 37.	(See instructions.)				
Block 6: Comprehensive Rate Comparison Request							
Complete Block 6 if you have not completed Block 5 and are requesti							
the provision of health care. The information in this block will establish Please call RHCD at 1-800-229-5476 if you need assistance.	the difference	between the urban and rur	ai rates for your requi	asted service.			
39 One-time Urban Rate Charge (in selected large city)	0	·					
	0						
40 One-time Rural Rate Charge (in city where HCP is located) 41 Monthly Urban Rate (in selected large city), From RHCD	, , , , , , , , , , , , , , , , , , ,		l	· ·			
web site: or Other rate documentation attached:	140 00						
If your circuit includes charges for mileage over the Maximum Al	lowable Diet (f	ine 10), please complete I	ines 42 to 44. Other	vice skin to Black 7			
42 Billed Circuit Miles	IOMBDIO DISC., LE	ine 10% piedase complete E	11103 42 10 44. Outof	visa, onip to block r.			
<u></u>		-		····			
43 Monthly Mileage Based Charges							
44 Cost per Mile per Month							
Block 7: Bid Documentation	Comileo mont	ad an the DUCD website?	Van	Y No			
45 Did you receive any bids in response to the Form 465 Request for		ed on the KHCD websile?	Yes [X_No			
If you checked yes, copies of the bids MUST be mailed to RHCD Block 8: Certification),						
46 X I certify that the above named entity has considered all bi	de received and	salected the most cost-eff	ective method of prov	iding the			
requested service or services. The "most cost-effective s							
lowest cost after consideration of the features, quality of t							
necessary for the service to adequately transmit the healt		-					
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify I				I the			
requirements herein and will abide by all of the relevant re							
benefits provided under 47 U.S.C. Sec. 254. 1 understand							
available for the benefit of the applicant may be subject to			•				
48 X I hereby certify that the billed entity will maintain complete	billing records	for the service for five year	s.				
49 X I certify that I am authorized to submit this request on beh	alf of the above	-named Billed Entity and E	ICP, and that I have e	examined this			
form and attachments and that to the best of my knowled		and belief, all statements of	of fact contained here				
50 Signature Electronically signed		51 Date 06-Dec-201					
52 Printed name of authorized person Richard B Wideman		53 Title or position of au	thorized person Tel-	eHealth Coordina			
54 Employer of authorized person Norton Sound Health Corp	oration	55 Employer's FCC RN	0014835128				
i							

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example;
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Health Care Providers Universal Service Funding Request and Certification Form Approval by OMB 3060—0804

466

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

1 1	ICP Name Euksavik Clinic		2 HCP Numb	10004	
		ortium Name (If any)			
	k 2: Bill Payer Information		1 a 50 15 45	FCC RN 001483	25420
	Billed Entity Name Euksavik Clinic		6 Billed Entity	FCC RN 001463	03120
	Contact Name Ricard B Wideman				
_	Address Line 1 189 Airport Road				
	Address Line 2		11 State AK	12 Zip 9968	24
_	City Unalakleet		THE PROPERTY OF THE PARTY OF TH	deman@nshcorp	
2012 1111	Contact Phone # (907) 443-3272 14 Fax #		15 E-Wall TWIC	deman@nshcorp	z.org
16	Funding Year - Check only one box X Year 2013 (7/1/2013-6/30/2014) ck 4: Service Information	Year 2014 (7/1/2014-6/	30/2015)	Year 2015 (7/1	/2015-6/30/2016
	Type of Service & Circuit Bandwidth (Enclose documen	tation.) Satellite Serv	ice 2 Mbps		
	Total Billed Miles O			From Form 465) 40	0
1	Percentage of HCP's service used for the provision of h	ealth care.	00 (If less than	n 100%, please expl	lain.)
200 200					
3				Coming	Carrior D
	Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
_	Service Provider Name	GCI Communication Corp	Carrier B	Carrier C	Carrier D
22	Service Provider Name Service Provider Identification Number (SPIN)	GCI Communication Corp.	Carrier B	Carrier C	Carrier D
22 23	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name	GGI Communication Corp 143001199 Stave Walker	Carrier B	Carrier C	Carrier D
22 23 24	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone #	GCI Communication Corp 143001199 Stave Walker (907) 868-6416	Carrier B	Carrier C	Carrier D
22 23 24 25	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email	GGI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gcl.com	Carrier B	Carrier C	Carrier D
22 23 24 25	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone #	GGI Communication Corp 143001199 Stave Walker (907) 868-6416 swalker@gcl.com 169 Airport Road Unalakleet, AK 99684	Carrier B	Carrier C	Carrier D
22 23 24 25 26	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email	GGI Communication Corp 143001199 Steve Walker (907) 868-6418 swalker@gel.com 189 Airport Road Unalakleet, AK 99684 1000 Greg Kruschek Ave Nome, AK 99762	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number	GGI Communication Corp 143001199 Stave Walker (907) 868-6416 swalker@gcl.com 169 Airport Road Unalakiest, AK 99684 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location	GGI Communication Corp 143001199 Stave Walker (907) 868-6416 swalker@gcl.com 189 Airport Road Unalakleet, AK 99684 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-302	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier	GGI Communication Corp 143001199 Stave Walker (907) 868-6416 swalker@gcl.com 189 Airport Road Unalakleet, AK 99684 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-302 09-Aug-2010	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number	GGI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gcl.com 189 Airport Road Unalaklest, AK 99684 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-302 09-Aug-2010 08-Aug-2015	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29 30 31	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM) Service Installation Date	GGI Communication Corp 143001199 Stave Walker (907) 868-6416 swalker@gcl.com 169 Airport Road Unalakiest, AK 99684 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-302 09-Aug-2010 08-Aug-2015 19-Jul-2013	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29 30 31 32 33	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM)	GGI Communication Corp 143001199 Stave Walker (907) 868-6416 swalker@gel.com 169 Airport Road Unalakleet, AK 99684 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-302 09-Aug-2010 08-Aug-2015 19-Jul-2013			Carrier D

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CH	ARGES, COM	PLETE BLOCK 5 ONLY	AND SKIP BLOCK 6. (I	PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED	ON URBAN/R	URAL RATE COMPARISO	ON, SKIP BLOCK 5 AM	ND
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE	PROCESSED	F BOTH BLOCKS ARE C	COMPLETED.	
Block F. Mileago based Charge Discount Request				1. Marine and
Complete this block if you are seeking support for mileage (distance-	based) charge	s only. Do not enter any o	other charges in this blo	ock. You may need
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39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	Ů.			
41 Monthly Urban Rate (in selected large city). From RHCD	140.00	31/12/2		
If your circuit includes charges for mileage over the Maximum A	Allowable Dist.	(Line 19), please complet	te Lines 42 to 44. Othe	rwise, skip to Block 7
42 Billed Circuit Miles	Total Total			
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				
Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request	for Services p	osted on the RHCD websi	te? Yes	X No
If you checked yes, copies of the bids MUST be mailed to RHC	D.			
Plack 9: Cartification				
46 X I certify that the above named entity has considered all requested service or services. The "most cost-effective lowest cost after consideration of the features, quality or necessary for the service to adequately transmit the hear	service" is det ftransmission, alth care servic	ined in the Universal Serv reliability, and other factor es required by the health	rs that the health care p care provider.	provider deems
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48 X I hereby certify that the billed entity will maintain complete				
49 X I certify that I am authorized to submit this request on b form and attachments and that to the best of my knowledge.	ehalf of the ab	on, and belief, all stateme	nts of fact contained he	e examined this erein are true.
50 Signature Electronically signed		51 Date 06-Dec-2	2013	
52 Printed name of authorized person Richard B Wideman			of authorized person T	eleHealth Coordin
54 Employer of authorized person Norton Sound Health Co	rporation	55 Employer's FCC	RN 0014835128	

Please remember:

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to: Rural Health Care Division 30 Lanidex Plaza West, P.O.Box 685 Parsippany NJ 07054-0685



FCC Form 466

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB

3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

		3			,,,		
_	ck 1: HCP Information					<u> </u>	
	HCP Name Wales Clinic			2	2 HCP Number	10685	
	Form 465 Application # 43137990	4 Cons	sortium Name (If any)				
	ock 2: Bill Payer Information			,	nan-a mana m	30 DN 004400	25400
	Billed Entity Name Wales Clinic	······································	·····	6	Silled Entity FC	CC RN 001483	35128
	Contact Name Richard B Wideman						· · · · · · · · · · · · · · · · · · ·
	Address Line 1 530 Snowbank St						
	Address Line 2					T	. <u> </u>
	City Wales			-	1 State AK	12 Zip 9978	
		14 Fax 7	#	1	5 E-Mail rwiden	nan@nshcorp	o.org
	ck 3: Funding Year Information					<u> </u>	
10	Funding Year - Check only one box X Year 2013 (7/1/2013-6/30/2014)		Year 2014 (7/1/2014-6/	/30/20	115)	1 Year 2015 (7/1)	/2015-6/30/2016)
Blo	ock 4: Service Information		1.00, 2011 (1.112011 0.	00/20		1104 4015 (111	2314 6/20/24107
	Type of Service & Circuit Bandwidth (Enclose	documen	ntation.) Satellite Serv	ice 2	2 Mbps		
	Total Billed Miles 0				le Distance (From	Form 465) 64:	5
20	Percentage of HCP's service used for the pro-	vision of h	nealth care. 10	00	(If less than 10	0%, please expla	ain.)
	If the HCP indicated it is a part-time eligible en			nod of	` allocating prorate	ed support.	·
	· · · · ·						
							· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·			•	.
:							
							
	Connection Information		Carrier A	Ca	rrier B	Carrier C	Carrier D
21	Service Provider Name		GCI Communication Corp	-			
22	Service Provider Identification Number (SPIN)	143001199				
23	Service Provider Contact Person Name		Steve Walker				
24	Service Provider Contact Person's Phone #	·	(907) 868-6416				
25	Service Provider Contact Person Email		swalker@gci.com				
26	Circuit Start Location		530 Snowbank St Wales, AK 99783				
27	Circuit Termination Location		1000 Greg Kruschek Ave Nome, AK 99762				
28	Billing Account Number		RH000220008				
29	Tariff, Contract or other document reference r	านmber	HC-302				
30	Date Contract Signed or Date HCP Selected	Carrier	09-Aug-2010				
31	Contract Expiration Date (mm/dd/yyyy or NA i	f MTM)	88-Aug-2015				
32		· · · · ·	01-Jul-2013				
	Actual Rural Rate per Month (Enclose Docum	entation)	10181.GO				
	If you are a consortium member OR have mu	<u> </u>	ers, please attach a Circ	uit Di	agram to show ho		
	interconnect and which carrier(s) provides ear				am included:		X No
35	Are you a mobile rural health care provider?		Yes X No If yes, s	see in:	structions and atta	ach a list of all si	tes to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHA	RGES, COMPI	ETE BLOCK 5 ONLY A	ND SKIP BLOCK 6. (PLEASE SEE				
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED O	N URBAN/RUI	RAL RATE COMPARISO	N, SKIP BLOCK 5 A	ND				
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE P	ROCESSED IF	BOTH BLOCKS ARE CO	MPLETED.					
Block 5: Mileage-based Charge Discount Request								
Complete this block if you are seeking support for mileage (distance-b		only. Do not enter any oth	er charges in this blo	ock. You may need				
to ask your service provider representative to provide this information	<u> </u>							
36 Billed Circuit Miles								
37 Monthly Mileage Charges (Exclude Channel Termination chgs, et	tc.)							
38 Cost per Mile per Month								
If Line 33 equals Line 37, please ensure that ONLY mileage-r	elated charges	are included in Line 37	. (See instructions.	}				
Block 6: Comprehensive Rate Comparison Request								
Complete Block 6 if you have not completed Block 5 and are requesting								
the provision of health care. The information in this block will establish	the difference I	between the urban and rul	ral rates for your requ	ested service.				
Please call RHCD at 1-800-229-5476 if you need assistance.								
39 One-time Urban Rate Charge (in selected large city)	D		į					
40 One-lime (data (date onlarge (in day where from is is eased)	D							
41 Monthly Urban Rate (in selected large city). From RHCD	14 0 0 0							
web site: or Other rate documentation attached:								
If your circuit includes charges for mileage over the Maximum Alle	owable Dist., (L	ine 19), please complete l	ines 42 to 44. Other	rwise, skip to Block 7.				
42 Billed Circuit Miles	····							
43 Monthly Mileage Based Charges								
44 Cost per Mile per Month								
Block 7: Bid Documentation								
45 Did you receive any bids in response to the Form 465 Request fo		ed on the RHCD website?	Yes	X No				
If you checked yes, copies of the bids MUST be mailed to RHCD.								
Block 8: Certification								
46 X I certify that the above named entity has considered all bid								
requested service or services. The "most cost-effective se	ervice" is define	d in the Universal Service	Order as the service	available at the				
lowest cost after consideration of the features, quality of tra	ansmission, reli	ability, and other factors to	hat the health care pr	rovider deems				
necessary for the service to adequately transmit the health	n care services	required by the health car	e provider.					
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify the	nat the HCP or	consortium that I am repre	esenting satisfies all o	of the				
requirements herein and will abide by all of the relevant re								
benefits provided under 47 U.S.C. Sec. 254. Lunderstand								
available for the benefit of the applicant may be subject to								
48 X I hereby certify that the billed entity will maintain complete		or the service for five year	re					
	Chang records							
49 X I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this								
form and attachments and that to the best of my knowledg		and belief, all statements	of fact contained here					
		and belief, all statements 51 Date 06-Dec-201	of fact contained here 3	ein are true.				
form and attachments and that to the best of my knowledg		and belief, all statements	of fact contained here 3	ein are true.				
form and attachments and that to the best of my knowledg 50 Signature Electronically signed	e, information,	and belief, all statements 51 Date 06-Dec-201	of fact contained here 3 uthorized person Te	ein are true.				

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately
 and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

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This form should be submitted to: Rural Health Care Division 30 Lanidex Plaza West, P.O.Box 685 Parsippany NJ 07054-0685 MW 0

FCC Form 466

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Blo	ck 1: HCP Information									
1	HCP Name White Mountain Clinic				2 HCP N	umber	10686	and the second		
3	Form 465 Application # 43137994	4 Cons	ortium Name (If any)	···· •						
Blo	ck 2: Bill Payer Information									
5	Billed Entity Name White Mountain Clinic	c .			6 Billed E	ntity F	CC RN 00148	335128		
7	Contact Name Richard B Wideman									
8	Address Line 1 2 Scow John Rd									
9	Address Line 2									
10	City White Mountain				11 State	AK	12 Zip 997	'84		
	Contact Phone # (907) 433-3272	14 Fax #	f .		15 E-Mail	rwider	nan@nshcoi	rp.org		
	ck 3: Funding Year Information									
16	Funding Year - Check only one box X	Γ-	Year 2014 (7/1/2014-6	ะเลบเล	0015)	_	TVaar 2045 /7/	1/2015-6/30/20	16)	
Ric	ck 4: Service Information		11ear 2014 (111/2014-0	010012	(010) (100)		_1 real 2015 (11	1/2013-0/30/20		
	Type of Service & Circuit Bandwidth (Enclose	documen	tation.) Satellite Ser	vice	2 Mbos		***			
			19 Maximum A			e (Fron	n Form 465) 49	93		
20	Percentage of HCP's service used for the provision of health care. 100 (if less than 100%, please explain.)									
	If the HCP indicated it is a part-time eligible e			thod o	 '		-	,		
									_	
						<u> </u>			-	
	<u></u>	······································			•					
	<u></u>									
	Connection (mornation		rame _a .				Canada	C amer		
21	Service Provider Name	•	GCI Communication Corp							
22	Service Provider Identification Number (SPIN	1)	143001199							
23	Service Provider Contact Person Name		Steve Walker							
24	Service Provider Contact Person's Phone #		(907) B68-6416							
25	Service Provider Contact Person Email		swalker@gsi.com							
26	Circuit Start Location		2 Scow John Rd Wales, AK 99784							
27	Circuit Termination Location		1000 Greg Kruschek Ave Nome, AK 99762							
28	Billing Account Number		RH00022000B							
29	Tariff, Contract or other document reference	number	HC-302						:	
30	Date Contract Signed or Date HCP Selected		09-Aug-2010							
31	Contract Expiration Date (mm/dd/yyyy or NA		08-Aug-2015							
32			Ö1-Jul-2013				····	1		
33		nentation)	10181.00					1		
ii	If you are a consortium member OR have mu		ers, please attach a Cir	rcuit E	Diagram to	show h	ow the sites			
	interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes X No									
35	Are you a mobile rural health care provider?		Yes X No If yes,	see i	nstructions	and att	ach a list of all	sites to be serv	ed.	

F YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE								
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED O	ON URBAN/RU	RAL RATE COMPARISON	I, SKIP BLOCK 5 AN	ID				
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE P	ROCESSED IF	BOTH BLOCKS ARE CO	MPLETED.					
Block 5: Mileage-based Charge Discount Request								
Complete this block if you are seeking support for mileage (distance-b to ask your service provider representative to provide this information			er charges in this blo	ck. You may need				
36 Billed Circuit Miles	1 16. 1. Helefie (14.							
37 Monthly Mileage Charges (Exclude Channel Termination chgs, e	te \							
38 Cost per Mile per Month	(0.)							
If Line 33 equals Line 37, please ensure that ONLY mileage-	elated charge:	are included in Line 37.	(See instructions.)					
Block 6: Comprehensive Rate Comparison Request								
Complete Block 6 if you have not completed Block 5 and are requesting								
the provision of health care. The information in this block will establish	the difference	between the urban and rur	al rates for your requi	ested service.				
Please call RHCD at 1-800-229-5476 if you need assistance. 39 One-time Urban Rate Charge (in selected large city)	v kahukua aguas. O							
40 One-time Rural Rate Charge (in city where HCP is located)	0							
41 Monthly Urban Rate (in selected large city). From RHCD								
web site: or Other rate documentation attached:	140.00							
If your circuit includes charges for mileage over the Maximum Alle	owable Dist., (L	ine 19), please complete L	ines 42 to 44. Other	vise, skip to Block 7.				
42 Billed Circuit Miles								
43 Monthly Mileage Based Charges								
44 Cost per Mile per Month								
Block 7: Bid Documentation								
45 Did you receive any bids in response to the Form 465 Request for		ed on the RHCD website?	Yes	X No				
If you checked yes, copies of the bids MUST be mailed to RHCD			and the last of the second section of	Tourn of the Market Control				
Block 8: Certification 46 X I certify that the above named entity has considered all bid	In roppiused and	national the most east off	notive method of prov	iding the				
46 X I certify that the above named entity has considered all bid requested service or services. The "most cost-effective se			,					
lowest cost after consideration of the features, quality of tr				· · · · · · · · · · · · · · · · · · ·				
necessary for the service to adequately transmit the health		•	•					
47 X Pursuant to 47 C.F.R. Secs. 54,601 and 54,603, I certify the	hat the HCP or	consortium that I am repre-	senting satisfies all of	the				
requirements herein and will abide by all of the relevant re	quirements, inc	luding all applicable FCC r	ules, with respect to a	ıniversal service				
benefits provided under 47 U.S.C. Sec. 254. I understand		from RHCD that erroneous	ly states that funds w	ill be made				
available for the benefit of the applicant may be subject to	rescission.							
48 X I hereby certify that the billed entity will maintain complete	billing records	for the service for five year	S					
49 X I certify that I am authorized to submit this request on behavior form and attachments and that to the best of my knowledge								
50 Signature Electronically signed		51 Date 06-Dec-2013						
52 Printed name of authorized person Richard B Wideman		53 Title or position of au	1 616	eHealth Coordina				
54 Employer of authorized person Norton Sound Health Corpo	oration	55 Employer's FCC RN 0014835128						

Please remember:

- + You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
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 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
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- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
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 and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

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FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

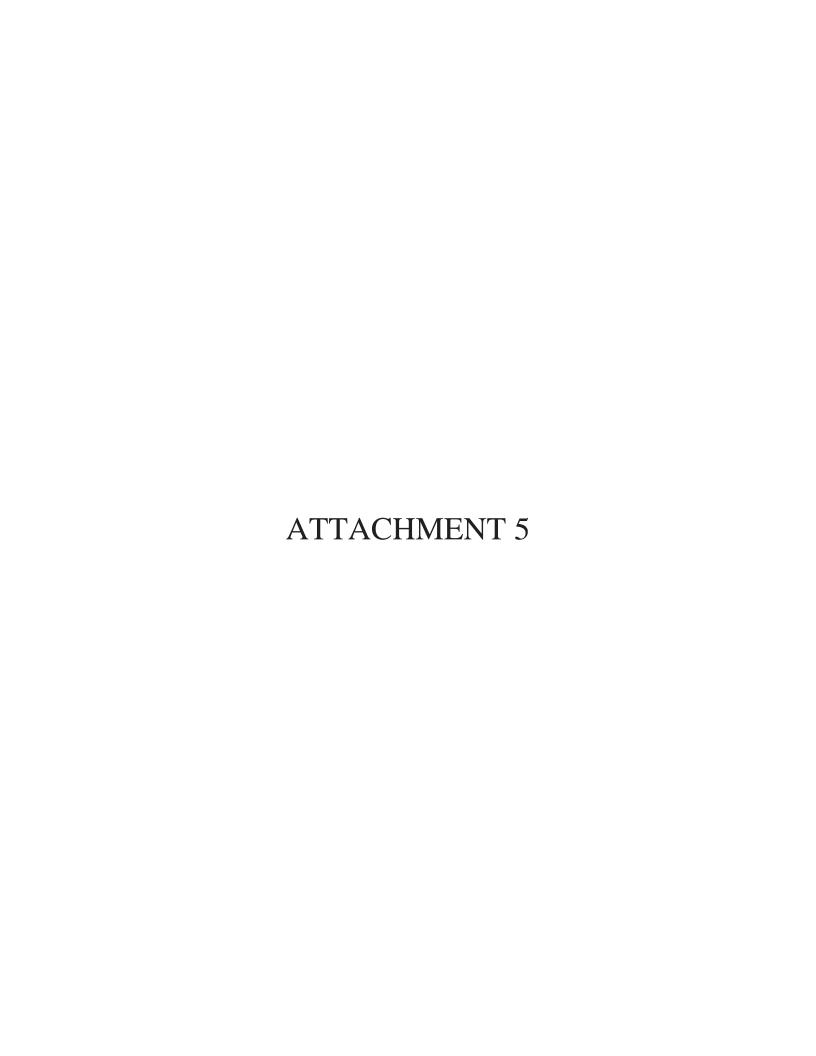
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This form should be submitted to: Rural Health Care Division 30 Lanidex Plaza West, P.O.Box 685 Parsippany NJ 07054-0685



Sent: Wednesday, August 13, 2014 8:34 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10673, FRN 13358841

Date: 13-Aug-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Brevig Mission Clinic

HCP Number: 10673

FCC Form 465 Application Number: 43137988

Funding Request Number: 13358841

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 4311 Clarence Rd., Brevig Mission, AK, 99785

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding		\mathcal{C}	, ,	Total Support	Contract
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
09-Oct- 2013	30-Jun- 2014	8.74194	\$0.00	\$10,041.00	\$87,777.82	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, August 06, 2014 9:43 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10674, FRN 13360511

Date: 06-Aug-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Elim Clinic

HCP Number: 10674

FCC Form 465 Application Number: 43138001

Funding Request Number: 13360511

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 69 Old Airport Rd., Elim, AK, 99739

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding	Months of	Non-Recurring	Monthly Recurring	Total Support	Contract
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
11-Oct- 2013	30-Jun- 2014	8.67742	\$0.00	\$10,041.00	\$87,129.97	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, August 06, 2014 9:25 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10675, FRN 13366771

Date: 06-Aug-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Gambell Clinic

HCP Number: 10675

FCC Form 465 Application Number: 43137998

Funding Request Number: 13366771

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 190 Clinic Rd., Gambell, AK, 99742

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
11-Oct- 2013	30-Jun- 2014	8.67742	\$0.00	\$10,384.64	\$90,111.88	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 30, 2014 9:11 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10676, FRN 13366781

Date: 30-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Golovin Clinic

HCP Number: 10676

FCC Form 465 Application Number: 43137991

Funding Request Number: 13366781

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 39 Punguk St., Golovin, AK, 99762

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding Start Dat		Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
09-Oct- 2013	30-Jun- 2014	8.74194	\$0.00	\$10,041.00	\$87,777.82	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 23, 2014 1:52 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10677, FRN 13366801

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Koyuk Clinic

HCP Number: 10677

FCC Form 465 Application Number: 43137993

Funding Request Number: 13366801

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 70 Poplar St., Koyuk, AK, 99753

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
09-Oct- 2013	30-Jun- 2014	8.74194	\$0.00	\$10,041.00	\$87,777.82	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 23, 2014 1:27 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10678, FRN 13366811

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: St Michael Clinic

HCP Number: 10678

FCC Form 465 Application Number: 43137996

Funding Request Number: 13366811

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 94 Bald St., St Michael, AK, 99659

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
11-Oct- 2013	30-Jun- 2014	8.67742	\$0.00	\$10,041.00	\$87,129.97	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

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Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 30, 2014 9:19 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10679, FRN 13366861

Date: 30-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Savoonga Clinic

HCP Number: 10679

FCC Form 465 Application Number: 43137997

Funding Request Number: 13366861

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 3 Airport Way, Savoonga, AK, 99769

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding	Months of	Non-Recurring	Monthly Recurring	Total Support	Contract
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
11-Oct- 2013	30-Jun- 2014	8.67742	\$0.00	\$10,384.64	\$90,111.88	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

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Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

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Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 23, 2014 1:38 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10680, FRN 13366881

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Shaktoolik Clinic

HCP Number: 10680

FCC Form 465 Application Number: 43137992

Funding Request Number: 13366881

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 9 Ocean View Rd., Shaktoolik, AK, 99771

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding	Months of	Non-Recurring	Monthly Recurring	Total Support	Contract
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
09-Oct- 2013	30-Jun- 2014	8.74194	\$0.00	\$10,041.00	\$87,777.82	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

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Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

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Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 30, 2014 9:12 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10681, FRN 13366891

Date: 30-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Katherine Miksruaq Olanna Health Clinic

HCP Number: 10681

FCC Form 465 Application Number: 43137999

Funding Request Number: 13366891

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 133 Lagoon View, Shishmaref, AK, 99772

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding		\mathcal{C}	, ,	Total Support	Contract
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
11-Oct- 2013	30-Jun- 2014	8.67742	\$0.00	\$10,041.00	\$87,129.97	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

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Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

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Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 23, 2014 1:43 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10682, FRN 13366901

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Stebbins Clinic

HCP Number: 10682

FCC Form 465 Application Number: 43138000

Funding Request Number: 13366901

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 50 Carabou St., Stebbins, AK, 99671

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
11-Oct- 2013	30-Jun- 2014	8.67742	\$0.00	\$10,041.00	\$87,129.97	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 23, 2014 1:38 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10683, FRN 13366911

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Teller Clinic

HCP Number: 10683

FCC Form 465 Application Number: 43138003

Funding Request Number: 13366911

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 545 Airport Ave., 72 mi NW of Nome 65.263610 North Latitude & 166.360830

West Longitude, Teller, AK, 99778 Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
11-Oct- 2013	30-Jun- 2014	8.67742	\$0.00	\$10,041.00	\$87,129.97	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

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Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 23, 2014 1:26 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10684, FRN 13366921

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Euksavik Clinic

HCP Number: 10684

FCC Form 465 Application Number: 43137995

Funding Request Number: 13366921

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 189 Airport Rd, Unalakleet, AK, 99684

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

	Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
١	09-Oct- 2013	30-Jun- 2014	8.74194	\$0.00	\$10,384.64	\$90,781.90	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

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Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

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Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

From: rhcadmin@usac.org [mailto:rhcadmin@usac.org] Sent: Wednesday, September 17, 2014 8:41 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10684, FRN 13366921

Date: 17-Sep-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Euksavik Clinic

HCP Number: 10684

FCC Form 465 Application Number: 43137995

Funding Request Number: 13366921

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 189 Airport Rd, Unalakleet, AK, 99684

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding		0	Monthly Recurring	1.1	
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
19-Jul-2013	03-Mar- 2014	7.51612	\$0.00	\$10,384.64	\$78,052.20	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

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Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

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Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

Sent: Wednesday, July 23, 2014 1:27 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10685, FRN 13366931

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Wales Clinic

HCP Number: 10685

FCC Form 465 Application Number: 43137990

Funding Request Number: 13366931

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 530 Snowbank St., Wales, AK, 99783

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
09-Oct- 2013	30-Jun- 2014	8.74194	\$0.00	\$10,041.00	\$87,777.82	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

¹ 47 C.F.R. 54.619(c).

From: rhcadmin@usac.org [mailto:rhcadmin@usac.org]

Sent: Wednesday, July 23, 2014 1:44 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10686, FRN 13366941

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: White Mountain Clinic

HCP Number: 10686

FCC Form 465 Application Number: 43137994

Funding Request Number: 13366941

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 2 Scow John Rd., White Mountain, AK, 99784

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding	Months of	Non-Recurring	Monthly Recurring	Total Support	Contract
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
09-Oct- 2013	30-Jun- 2014	8.74194	\$0.00	\$10,041.00	\$87,777.82	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the term, or location of service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must participate in competitive bidding (submit an FCC Form 465 and select the most cost-effective service and service provider) each funding year.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

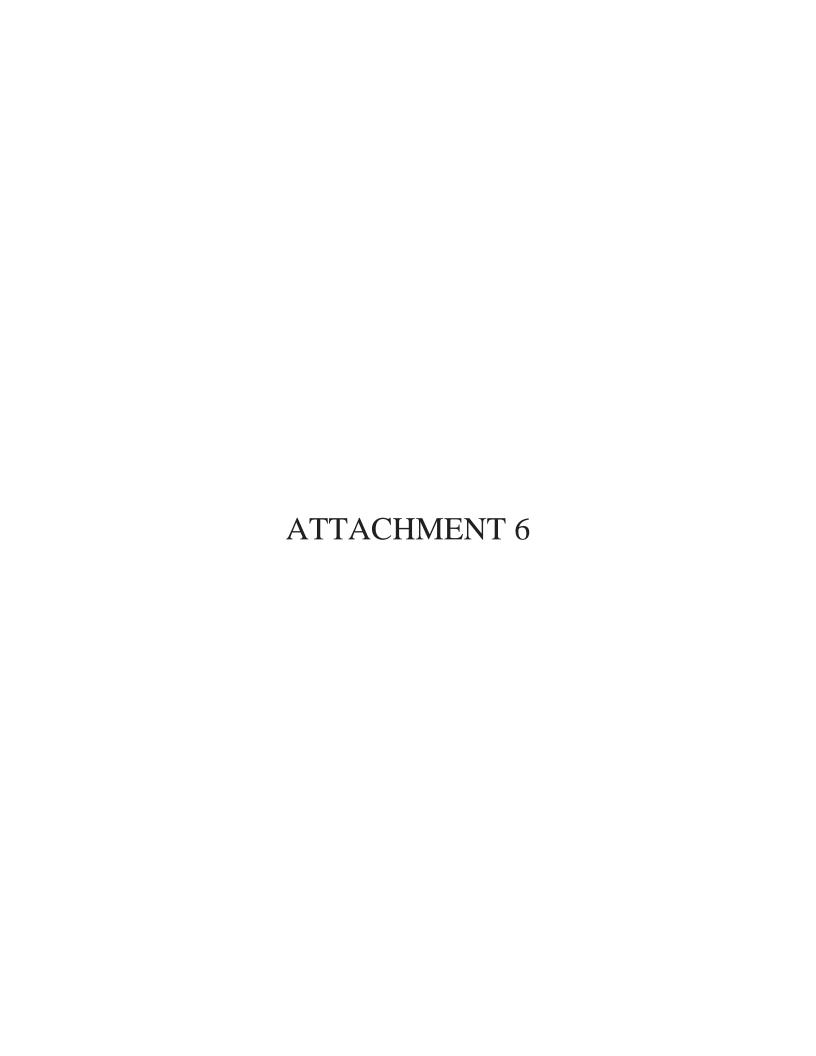
Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

For questions assistance, contact the RHC Help Desk at 1-800-229-5476, or rhc-admin@usac.org.

¹ 47 C.F.R. 54.619(c).



From: rhcadmin@usac.org [mailto:rhcadmin@usac.org]

Sent: Wednesday, July 23, 2014 1:26 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10684, FRN 13366921

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Euksavik Clinic

HCP Number: 10684

FCC Form 465 Application Number: 43137995

Funding Request Number: 13366921

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 189 Airport Rd, Unalakleet, AK, 99684

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

	Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	1.1	Contract Expiration Date
٠	09-Oct- 2013	30-Jun- 2014	8.74194	\$0.00	\$10,384.64	\$90,781.90	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the term, or location of service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must participate in competitive bidding (submit an FCC Form 465 and select the most cost-effective service and service provider) each funding year.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

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Appeals:

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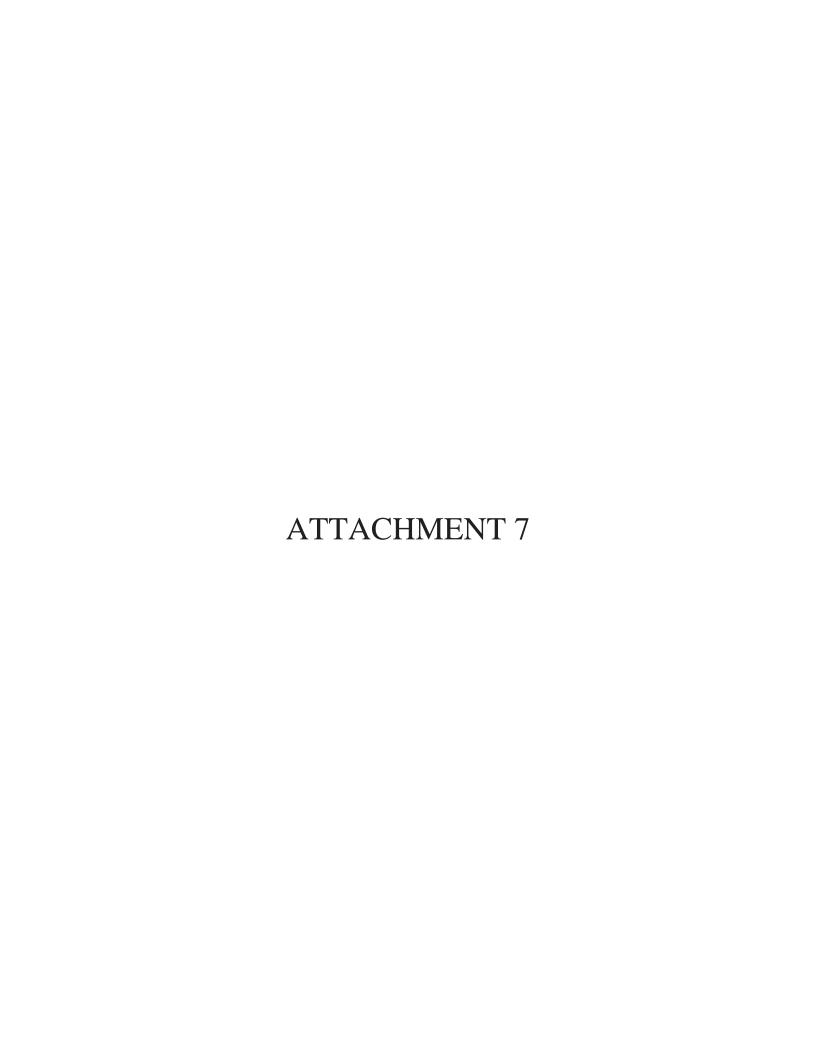
Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

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Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

For questions assistance, contact the RHC Help Desk at 1-800-229-5476, or rhc-admin@usac.org.

¹ 47 C.F.R. 54.619(c).



From: rhcadmin@usac.org [mailto:rhcadmin@usac.org] Sent: Wednesday, September 17, 2014 8:41 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10684, FRN 13366921

Date: 17-Sep-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Euksavik Clinic

HCP Number: 10684

FCC Form 465 Application Number: 43137995

Funding Request Number: 13366921

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 189 Airport Rd, Unalakleet, AK, 99684

Service Type: Satellite Service

Bandwidth: 2 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding		0	Monthly Recurring	1.1	
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
19-Jul-2013	03-Mar- 2014	7.51612	\$0.00	\$10,384.64	\$78,052.20	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the term, or location of service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must participate in competitive bidding (submit an FCC Form 465 and select the most cost-effective service and service provider) each funding year.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

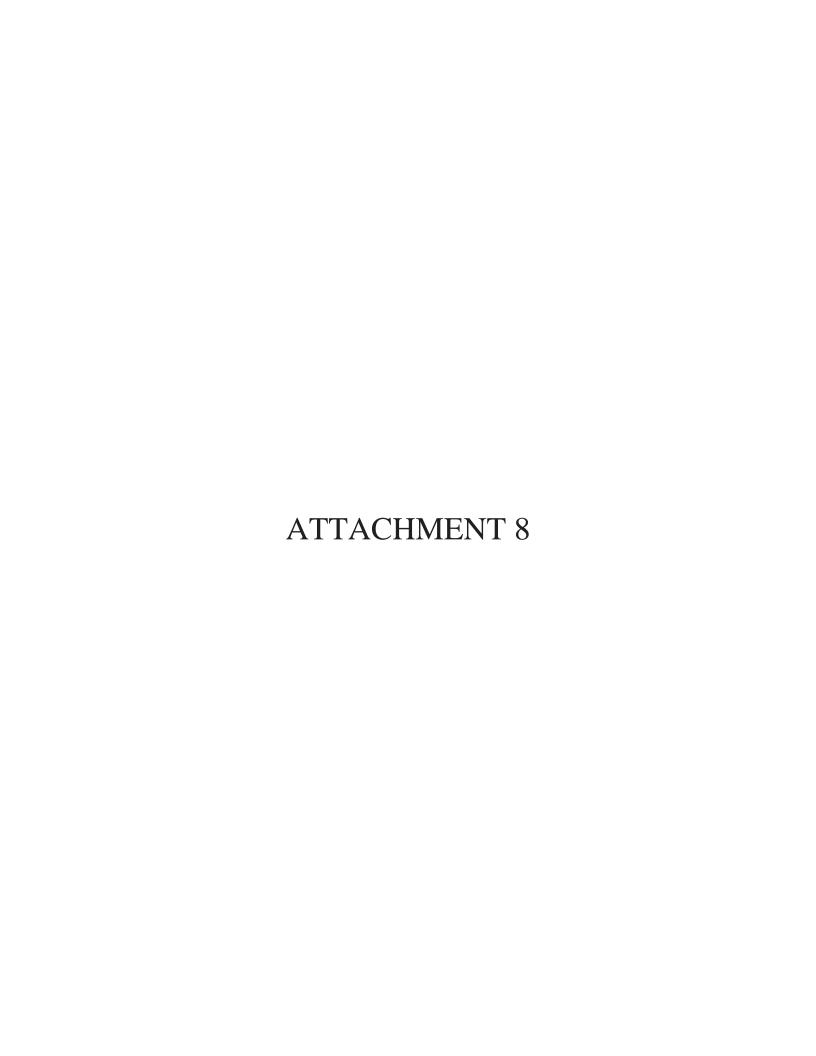
Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

For questions assistance, contact the RHC Help Desk at 1-800-229-5476, or rhc-admin@usac.org.

¹ 47 C.F.R. 54.619(c).



FCC Form

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

	ck 1: HCP Information		2 HCP Numb	ner 10694	
Allend	HCP Name Euksavik Clinic	atom Manager	Z HGP Numi	10084	
		ortium Name (If any)			
_	ck 2: Bill Payer Information Billed Entity Name Euksavik Clinic		6 Billed Entit	y FCC RN 00148	35128
_	Contact Name Richard B Wideman		G Billed Eriki) 1 00 1 11 00 1 10	00,120
	Address Line 1 P O Box 189				
	Address Line 2				
-	City Unalakleet		11 State AK	12 Zip 996	84
-	Contact Phone # 9074433272 14 Fax #			deman@nshcor	
3.3	ck 3: Funding Year Information				
	Funding Year - Check only one box	Year 2014 (7/1/2014-6/	30/2015) [Year 2015 (7/	1/2015-6/30/2016
_	ck 4: Service Information				
17	Type of Service & Circuit Bandwidth (Enclose document		CONTRACTOR OF THE PARTY OF THE		
10.7	Total Billed Miles D		ALE CONTRACTOR OF THE PROPERTY	From Form 465) 40	All and the second
	Percentage of HCP's service used for the provision of he If the HCP indicated it is a part-time eligible entity (on Fo	culti culti	70/24C	n 100%, please exp	olain.)
1					
	Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
.77	Service Provider Name	GCI Communication Corp	Carrier B	Carrier C	Carrier D
.77		GCI Communication Corp 143001199	Carrier B	Carrier C	Carrier D
22	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name	GGI Communication Corp 1430011199 Steve Walker	Carrier B	Carrier C	Carrier D
22	Service Provider Name Service Provider Identification Number (SPIN)	GGI Communication Corp 143001199 Steve Walker (907) 868-6416	Carrier B	Carrier C	Carrier D
22 23 24	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name	GGI Communication Corp 1430011199 Steve Welker (907) 868-6416 swalker@gci.com	Carrier B	Carrier C	Carrier D
22 23 24 25	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone #	GGI Communication Corp 143001199 Steve Walker (907) 868-5416 swalker@gci.com 189 Airport Road Unslakleet, AK 99664	Carrier B	Carrier C	Carrier D
22 23 24 25 26	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email	GGI Communication Corp 1430011199 Steve Walker (907) 868-6416 swalker@gol.com 189 Airport Road unalakleet, AK 99684 1000 Grey Kruschek Ave Nome, AK 99782	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location	GGI Communication Gorp 143001199 Steve Walker (907) 868-5416 swalker@gci.com 189 Airport Road Unslakleet, AK 99684 1000 Greg Kruschak Ave Nome, AK 99762 RH000220008	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location	GGI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gol.com 189 Airport Road Unalakleet, AK 99684 1000 Greg Kruschek Ave Nome, AK 99762 RH000220008 HC-502-1	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number	GGI Communication Gorp 143001199 Steve Walker (907) 868-5416 swalker@gdi.com 189 Airport Road Unslakteet, AK 99684 1000 Grep Kruschak Ave Nome, AK 99782 RH000220008 HC-302-1 31-Jan-2014	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number	GGI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gol.com 189 Airport Road Unalakleet, AK 99684 1000 Grey Kruschek Ave Nome, AK 99762 RH000220008 HG-302-1 31-Jan-2014 08-Aug-2015	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29 30	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM)	GGI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gdi.com 189 Airport Road Unalakleet, AK 99684 1000 Greg Krischek Ave Nome, AK 99762 RH000220008 HC-302-1 31-Jan-2014 08-Aug-2015	Carrier B	Carrier C	Carrier D
22 23 24 25 26 27 28 29 30 31 32 33	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM) Service Installation Date Actual Rural Rate per Month (Enclose Documentation)	GGI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gci.com 189 Airport Road Unslakteet, AK 99684 1000 Greg Kruschak Ave Nome, AK 99762 RH000220008 HC-30Z-1 31-Jan-2014 08-Aug-2015 04-Mar-2014			Carrier D
22 23 24 25 26 27 28 29 30 31 32 33	Service Provider Name Service Provider Identification Number (SPIN) Service Provider Contact Person Name Service Provider Contact Person's Phone # Service Provider Contact Person Email Circuit Start Location Circuit Termination Location Billing Account Number Tariff, Contract or other document reference number Date Contract Signed or Date HCP Selected Carrier Contract Expiration Date (mm/dd/yyyy or NA if MTM) Service Installation Date	GGI Communication Corp 143001199 Steve Walker (907) 868-6416 swalker@gol.com 189 Airport Road Unslakleel, AK 99684 1000 Grey Kruschek Ave Nome, AK 99762 RH000220008 HC-302-1 31-Jan-2014 08-Aug-2015 04-Mar-2014 66983.00 ers, please attach a Circle		ow how the sites	Carrier E

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHA	ARGES, COM	PLETE BLOCK 5 ONLY AND SKI	P BLOCK 6. (PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED (ON URBAN/R	URAL RATE COMPARISON, SKIR	BLOCK 5 AND
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE F	ROCESSED	IF BOTH BLOCKS ARE COMPLE	TED.
- LOI			
Complete this block if you are seeking support for mileage (distance-	based) charge	s only. Do not enter any other cha	rges in this block. You may need
to ask your service provider representative to provide this information			
36 Billed Circuit Miles			
37 Monthly Mileage Charges (Exclude Channel Termination chgs, e	etc.)		
29 Coot per Mile per Month			
If Line 33 equals Line 37, please ensure that ONLY mileage-	related charg	ges are included in Line 37. (See	instructions.)
Block 6: Comprehensive Rate Comparison Request Complete Block 6 if you have not completed Block 5 and are request the provision of health care, The information in this block will establis Please call RHCD at 1-800-229-5476 if you need assistance.	ing support fo	all elements of your telecommunic	cations service necessary for
39 One-time Urban Rate Charge (in selected large city)	0		
40 One-time Rural Rate Charge (in city where HCP is located)	D		
41 Monthly Urban Rate (in selected large city). From RHCD	272.00		
If your circuit includes charges for mileage over the Maximum A	Allowable Dist.	, (Line 19), please complete Lines	42 to 44. Otherwise, skip to Block 7.
42 Billed Circuit Miles			
43 Monthly Mileage Based Charges			
44 Cost per Mile per Month			
Block 7: Bid Documentation			
45 Did you receive any bids in response to the Form 465 Request If you checked yes, copies of the bids MUST be mailed to RHC Block 8: Certification	D.	and selected the most cost-effectiv	Yes X No e method of providing the
requested service or services. The "most cost-effective lowest cost after consideration of the features, quality of necessary for the service to adequately transmit the heat	service" is de f transmission alth care servi	fined in the Universal Service Order, reliability, and other factors that the ces required by the health care pro	he health care provider deems vider.
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certification requirements herein and will abide by all of the relevant benefits provided under 47 U.S.C. Sec. 254. I understate available for the benefit of the applicant may be subject.	requirements and that any le to rescission.	, including all applicable FCC rules tter from RHCD that erroneously st	With Espect to militaradi acitato
48 X I hereby certify that the billed entity will maintain complete			
49 X I certify that I am authorized to submit this request on be form and attachments and that to the best of my knowledge.	ehalf of the at	ion, and belief, all statements of fa-	and that I have examined this ct contained herein are true.
50 Signature Electronically signed		51 Date 28-Apr-2014	
52 Printed name of authorized person Richard B Wideman		53 Title or position of author	rized person TeleHealth Coordin
54 Employer of authorized person Norton Sound Health Co	rporation	55 Employer's FCC RN 00	14835128

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rales. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- . This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately
 and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

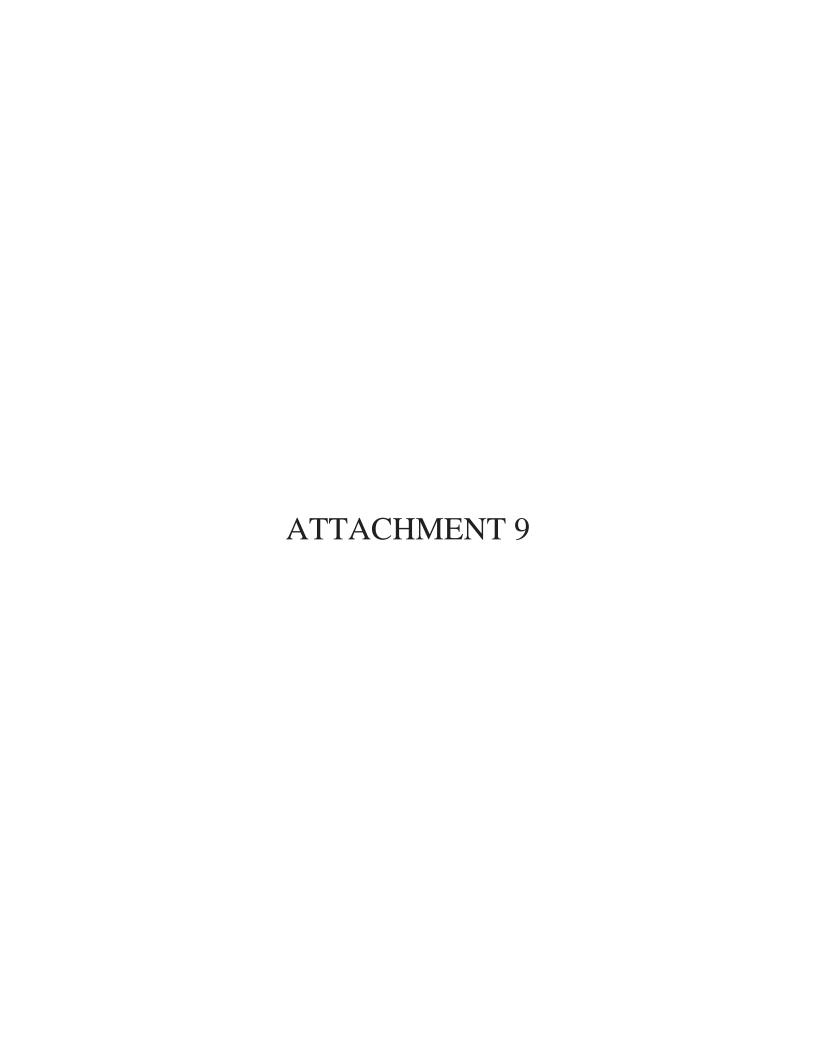
Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to: Rural Health Care Division 30 Lanidex Plaza West, P.O.Box 685 Parsippany NJ 07054-0685



From: rhcadmin@usac.org [mailto:rhcadmin@usac.org] Sent: Wednesday, September 10, 2014 10:24 AM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10684, FRN 13429421

Date: 10-Sep-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Euksavik Clinic

HCP Number: 10684

FCC Form 465 Application Number: 43137995

Funding Request Number: 13429421

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form* (*FCC Form 466*) submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 189 Airport Rd, Unalakleet, AK, 99684

Service Type: MPLS Bandwidth: 8 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount	Contract Expiration Date
04-Mar- 2014	30-Jun- 2014	3.90323	\$0.00	\$66,711.00	\$260,388.38	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the term, or location of service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must participate in competitive bidding (submit an FCC Form 465 and select the most cost-effective service and service provider) each funding year.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

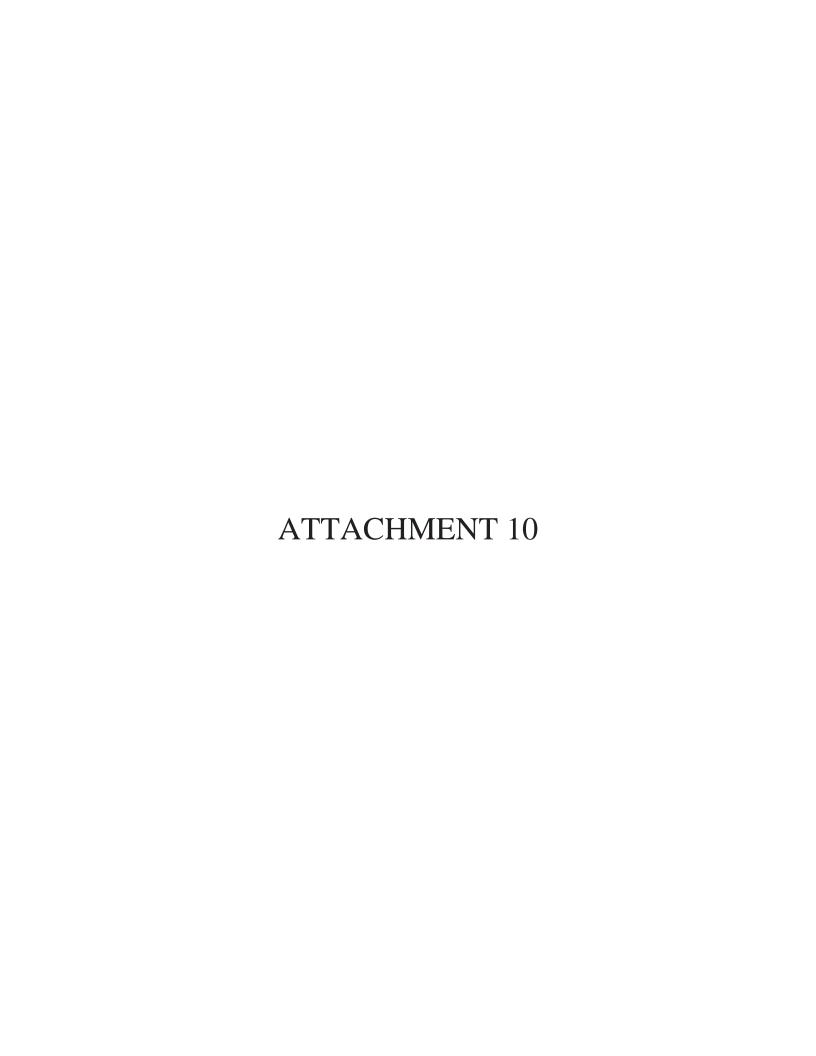
Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

For questions assistance, contact the RHC Help Desk at 1-800-229-5476, or rhc-admin@usac.org.

¹ 47 C.F.R. 54.619(c).





FCC Form 466

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB

3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding. **Block 1: HCP Information** 1 HCP Name Shaktoolik Clinic 2 HCP Number 10680 3 Form 465 Application #43137992 Consortium Name (If any) Block 2: Bill Payer Information 6 Billed Entity FCC RN 0014835128 5 Billed Entity Name Shaktoolik Clinic 7 Contact Name Richard B Wideman 8 Address Line 1 P O Box 09 9 Address Line 2 11 State AK 12 Zip 99771 10 City Shaktoolik 13 Contact Phone # 9074433272 14 Fax# 15 E-Mail rwideman@nshcorp.org **Block 3: Funding Year Information** 16 Funding Year - Check only one box Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016) Year 2013 (7/1/2013-6/30/2014) Block 4: Service Information 17 Type of Service & Circuit Bandwidth (Enclose documentation.) MPLS 3 Mbps 19 Maximum Allowable Distance (From Form 465) 424 18 Total Billed Miles () 100 (If less than 100%, please explain.) 20 Percentage of HCP's service used for the provision of health care. If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Connection Information Carrier B Carrier C Carrier D Carrier A 21 Service Provider Name 22 Service Provider Identification Number (SPIN) 23 Service Provider Contact Person Name 24 Service Provider Contact Person's Phone # 25 Service Provider Contact Person Email 26 Circuit Start Location

21	Service Provider Name	;	i		İ
22	Service Provider Identification Number (SPIN)	143091199			
23	Service Provider Contact Person Name	Steve Walker			
24	Service Provider Contact Person's Phone #	(907) 868-6416			
25	Service Provider Contact Person Email	swalker@gdi.com			
26	Circuit Start Location	9 Ocean View Rd Shaktoolik, AK 99771			
27	Circuit Termination Location	1000 Greg Kruschek Ave Nome, AK 99762			
28	Billing Account Number	RH600220008			
29	Tariff, Contract or other document reference number	HC-302			
30	Date Contract Signed or Date HCP Selected Carrier	C9-Aug-2010			
31	Contract Expiration Date (mm/dd/yyyy or NA if MTM)	68-Aug-2015			
32	Service Installation Date	12-Feb-2014			
33	Actual Rural Rate per Month (Enclose Documentation)	26449.00			
34	If you are a consortium member OR have multiple carri- interconnect and which carrier(s) provides each circuit		Circuit Diagram to sho uit Diagram included:	w how the sites Yes	X No
35	Are you a mobile rural health care provider?	Yes X No If yes	s, see instructions an	d attach a list of all s	sites to be served.
		· · · · · · · · · · · · · · · · · · ·			FCC Form 466 November 2012

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CH	ARGES, COMP	LETE BLOCK 5 ONLY AND SKIP BLOCK 6, (PLEASE SEE	
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED	ON URBAN/RU	RAL RATE COMPARISON, SKIP BLOCK 5 AND	
COMPLETE ONLY BLOCK 6, YOUR APPLICATION CANNOT BE I	PROCESSED IF	BOTH BLOCKS ARE COMPLETED.	
Block 5: Mileage-based Charge Discount Request			
Complete this block if you are seeking support for mileage (distance-	based) charges	only. Do not enter any other charges in this block. You may no	eed
to ask your service provider representative to provide this information			
36 Billed Circuit Miles			
37 Monthly Mileage Charges (Exclude Channel Termination chgs,	etc.)		
38 Cost per Mile per Month			
If Line 33 equals Line 37, please ensure that ONLY mileage-	related charges	s are included in Line 37. (See instructions.)	
Block 6: Comprehensive Rate Comparison Request			
Complete Block 6 if you have not completed Block 5 and are request			
the provision of health care. The information in this block will establish	h the difference	between the urban and rural rates for your requested service.	
Please call RHCD at 1-800-229-5476 if you need assistance.			
39 One-time Urban Rate Charge (in selected large city)	0.00		
40 One-time Rural Rate Charge (in city where HCP is located)	D		
41 Monthly Urban Rate (in selected large city). From RHCD	196 00		
web site: or Other rate documentation attached:			
If your circuit includes charges for mileage over the Maximum A	llowable Dist., (L	Line 19), please complete Lines 42 to 44. Otherwise, skip to Bit	ock /.
42 Billed Circuit Miles	J		
43 Monthly Mileage Based Charges			
44 Cost per Mile per Month			
Block 7: Bid Documentation			
45 Did you receive any bids in response to the Form 465 Request f	or Services post	ted on the RHCD website? Yes X No	
If you checked yes, copies of the bids MUST be mailed to RHCI),	·	
Block 8: Certification			
46 X I certify that the above named entity has considered all bi			
		ed in the Universal Service Order as the service available at the	,
		liability, and other factors that the health care provider deems	
necessary for the service to adequately transmit the heal	th care services	required by the health care provider.	
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify			
		cluding all applicable FCC rules, with respect to universal servic	je
		from RHCD that erroneously states that funds will be made	
available for the benefit of the applicant may be subject to	o rescission.		
48 X I hereby certify that the billed entity will maintain complete	e billing records	for the service for five years.	
49 X I certify that I am authorized to submit this request on bef	nalf of the above	-named Billed Entity and HCP, and that I have examined this	
		and belief, all statements of fact contained herein are true.	
50 Signature Electronically signed		51 Date 28-Apr-2014	
52 Printed name of authorized person Richard B Wideman		53 Title or position of authorized person TeleHealth Coo	ırdina
54 Employer of authorized person Norton Sound Health Corp	oration	55 Employer's FCC RN 0014835128	
<u> </u>			

Please remember:

- · You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
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FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

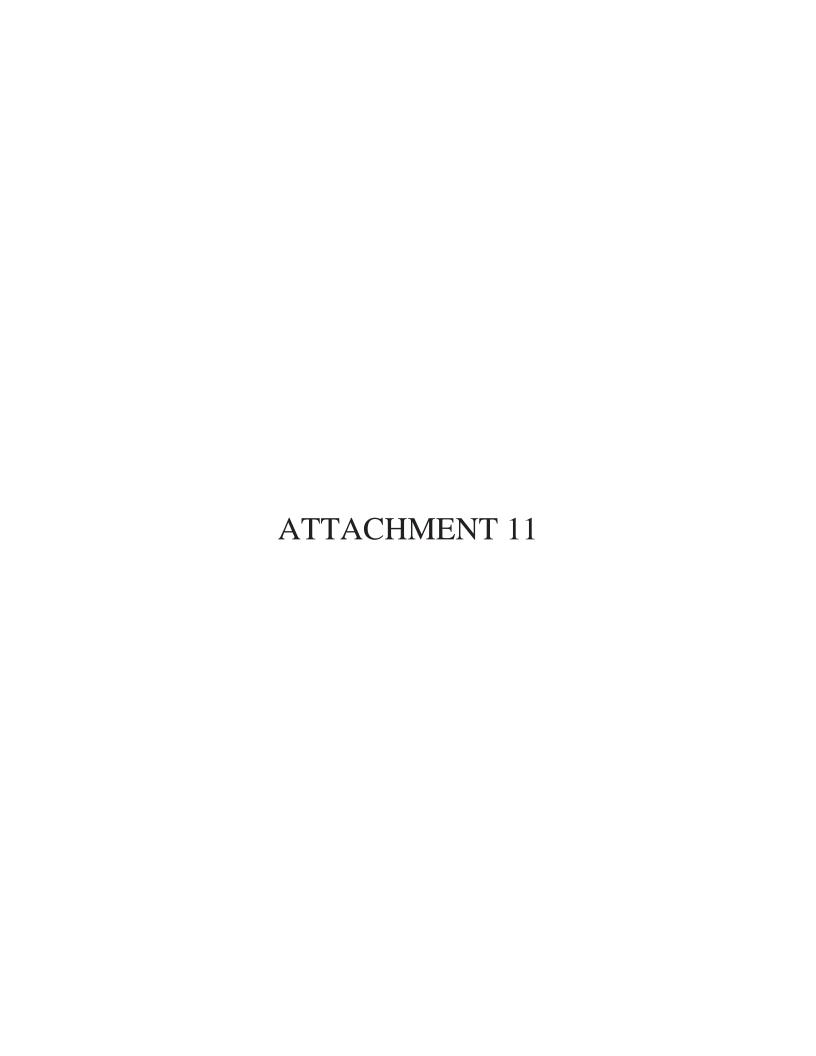
Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3597.

This form should be submitted to: Rural Health Care Division 30 Lanidex Plaza West, P.O.Box 685 Parsippany NJ 07054-0685



From: rhcadmin@usac.org [mailto:rhcadmin@usac.org]

Sent: Wednesday, July 23, 2014 1:38 PM

To: Richard Wideman

Subject: Funding Commitment Letter (FCL) for HCP 10680, FRN 13429371

Date: 23-Jul-2014

Funding Year: 2013

Health Care Provider (HCP) Name: Shaktoolik Clinic

HCP Number: 10680

FCC Form 465 Application Number: 43137992

Funding Request Number: 13429371

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 9 Ocean View Rd., Shaktoolik, AK, 99771

Service Type: MPLS Bandwidth: 3 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220008

Funding	Funding	Months of	Non-Recurring	Monthly Recurring	Total Support	Contract
Start Date	End Date	Support	Support Amount	Support Amount	Amount	Expiration Date
12-Feb- 2014	30-Jun- 2014	4.60714	\$0.00	\$26,253.00	\$120,951.25	08-Aug-2015

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis, or purchasing a term extension) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this Funding Commitment Letter (FCL) is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the term, or location of service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must participate in competitive bidding (submit an FCC Form 465 and select the most cost-effective service and service provider) each funding year.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s)s are not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Submit an FCC Form 467 (*Connection Certification*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.).

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review...[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

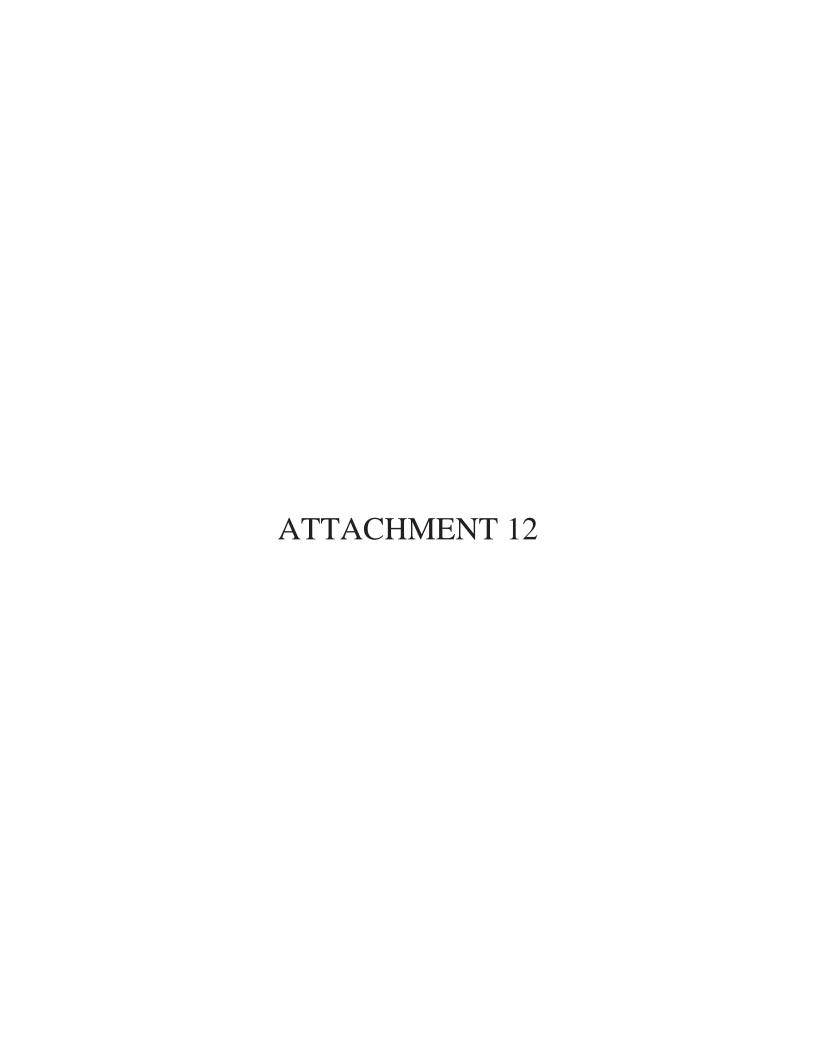
Failure to include the required information in the letter of appeal or the required documentation to support the appeal may impact the appeal decision.

Detailed instructions on filing an appeal are found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

For questions assistance, contact the RHC Help Desk at 1-800-229-5476, or rhc-admin@usac.org.

¹ 47 C.F.R. 54.619(c).





USAC Rural Health Care

Competitive Bidding Requirements April 20, 2011



Steps to Successful Competitive Bidding

- 1. Fill out the Form 465 clearly, accurately, and in a timely manner
- Develop selection criteria to review bids
- indicating bid selection (note the Allowable Contract Wait 29 days before submitting a Form 466/466A, Selection Date – or ACSD)
- 4. Submit contract to USAC for Evergreen review (optional) with Form 466/466A



When completing the Form 465 (Description of Services Requested & Certification Form):

Be careful of what is listed on Line 29!

be the eligible health care provider's telecommunications and/or Internet service needs, so that service providers	provide the services. The description should describe whether video or store and forward consultations will be	large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.
9 Please describe t	may bid to provid	used, whether larg



- We recommend you do NOT request a specific telecom service and/or bandwidth
- TOO SPECIFIC: We need a T1 line
- Instead you should describe the needs of the HCP:
- **PREFERRED**: We need to be able to transmit data and medical images
- Being too specific locks you into receiving that service type only

1. Form 465

Helping Keep Americans Connected

When completing the Form 465 (Description of Services Requested & Certification Form):

Choose "Both Telecommunications & Internet Services" in Block 5 unless you're positive you'll use only one

	Internet Service ONLY	
	Telecommunications Service ONLY	
Block 5: Request for Services	30 Is the HCP requesting reduced rates for: X Both Telecommunications & Internet Services	



2. Selection Criteria

- reviewing submitted proposals to determine how they HCPs should develop a plan to evaluate bids prior to will select the most cost-effective service provider
- Cost-effective defined by the FCC as "the method of quality of transmission, reliability, and other factors relevant to choosing a method of providing the least cost after consideration of the features, required services."



2. Selection Criteria

- USAC encourages the use of an (optional) scoring tool/scoring matrix
- important to them. Some examples include but are HCPs should choose the selection criteria most not limited to:
- **Technical support**
- Previous experience with service provider
- Cost for service
- Rapid response
- Service provider to provide a single point of contact



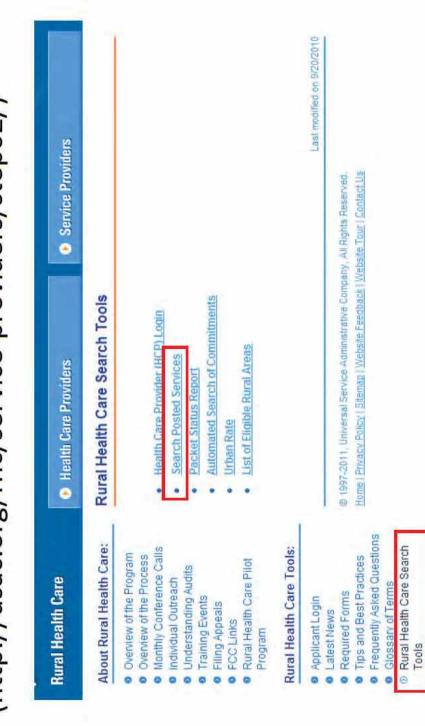
Once the applicant is deemed eligible, the complete Form 465 is posted on RHC website:



- During this time, service providers may contact HCPs and submit proposals
- agreement until the Allowable Contract Selection Date HCPs must not enter into a contract or service (ACSD), or the 29^{th} day after the 465 is posted



The ACSD is listed under "Posted Services" on the RHC (http://usac.org/rhc/service-providers/step02/) website, under "Rural Health Care Tools"





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త్	ant HCP Number	HCP Name	City	County	State Posting Date	Allowable Contract Date
-	11537	Davenport Clinic	Davenport	V.ABuchanan	VA 4/5/2011	5/3/2011
7	11540	Eastern Shore Rural Health System, Inc Nassawadox	Nassawadox	V.ANorthampton	VA 4/7/2011	5/5/2011
"	11543	Haysi Clinic	Haysi	VA-Dickenson	VA 4/5/2011	5/3/2011
vi	12798	William A. Davis Clinic	St. Paul	VA-Russell	VA 4/5/2011	5/3/2011



- Submit Form 465 as early as possible after window opens
- Allow time to review bids
- Allow time before start of fund year to ensure full year of funding



Helping Keep Americans Connected

What is an Evergreen Contract?

- An "evergreen" contract is a valid contract that has been reviewed and endorsed by USAC
- HCPs with evergreen contracts are not required to post a Form 465 or re-bid for those services for the life of the contract



Helping Keep Americans Connected

What Makes a Contract "Evergreen?"

- Contains two authorized signatures (HCP and SP)
- Contract is dated (after the Allowable Contract Selection Date – i.e. after the 28 days)
- Contract specifies the service type(s), terms, and cost of service(s)
- Identifies (all) HCP location(s) within the contract
- Contract is submitted and reviewed by USAC
- USAC will notify applicants whether the contract is endorsed as evergreen, month-to-month, or neither



Important Considerations for HCPs:

- Your contract must be reviewed and deemed to be evergreen by USAC; otherwise, you MUST post a Form 465 each year
- contract, you should list the contract end date on Line If you receive notification that you have an evergreen during the current funding year or future fund years you to bid on upcoming service needs, whether it is 29 so that service providers know when to contact
- If services or contract terms change in any way, HCPs must post a new Form 465 and go through the competitive bidding process again



Helping Keep Americans Connected

Important Considerations for Service Providers:

- Contracts cannot be deemed evergreen without review and approval by USAC
- has not been endorsed as evergreen, the HCP must re-bid If you are the current service provider and the contract the following fund year – even if you have a signed contract
- HCPs must entertain bids from service providers if their contract has not been deemed evergreen by USAC
- Service providers may seek to confirm that the HCP has an evergreen contract endorsed by USAC



Reminders...

- Submit the Form 465 early (window opens between March and April) to ensure a full year of funding
- Avoid submitting incomplete/inaccurate forms and documentation
- Make sure you're aware of the ACSD contact RHC if you're uncertain before entering into a service agreement
- Do not assume a contract is evergreen without formal RHC confirmation
- First time applicants with an existing contract should call the RHC Customer Support Center (1.800.229.5476)



Keep documentation and contact information for audit purposes:

- making records for up to five years after the end of the If audited, an HCP must be able to produce decisionfunding year
- A service provider must provide documentation for five years after the end of service
- The inability to locate documentation and demonstrate fair and open competitive bidding could result in the requirement to return funds



Keep documentation and contact information for audit purposes:

- includes anything that would help an auditor retrace your Important documentation related to competitive bidding steps in how you made your decision
- Scoring tools/matrix
- E-mails
- Copy of RFP
- Phone log



Contact Information

Customer Support Center

(800) 229-5476 Rhc-Admin@usac.org